



St. Johns County Schools Residency

AFFIDAVIT OF RESIDENCY Valid for Current School Year Only

For families residing with a homeowner or renter

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct.

Student's name: _____

Explain your current living situation.

Current address: _____

Previous address: _____

Dates from: _____ Date to: _____

Current owner/landlord/property manager name: _____

Address: _____ Phone Number _____

(Print parent/guardian name)

(Parent/guardian signature)

STATE OF _____/COUNTY OF _____

SUBSCRIBED and SWORN before me on this day of _____, 20_____,

By _____, who () is personally known to me or () has produced a Florida Driver's License.

Signature of Notary

Name of Notary typed, printed or stamped

Notary Public, State of _____ at Large

My Commission Number is _____

My Commission expires _____