

GUARDIANSHIP AFFIDAVIT

**STUDENT SERVICES
OKALOOSA COUNTY SCHOOL DISTRICT**

BEFORE ME, the undersigned authority, personally appeared _____
(hereinafter "Affiant") who, being by me first duly sworn, on oath, deposes and says:

1. Affiant is _____.
2. Affiant's identifying information is as follows:
Date of Birth: _____
Social Security Number: XXX-XX _____ (ENTER LAST FOUR DIGITS)
Address: _____
_____.
3. The copy of Affiant's driver's license attached hereto as Exhibit A is a true and correct copy of such identification.
4. _____ (the "Child") has been residing with me at the address listed in item 1 above since _____.
5. The Child's identifying information is as follows: Date of Birth: _____, Social Security Number: XXX-XX _____ (ENTER LAST FOUR DIGITS).
6. The Child is living with Affiant because: _____
_____.
7. Affiant is acting as a parent in the absence of a parent or guardian.
8. Affiant further acknowledges that athletic eligibility may be affected under the rules of the Florida High School Athletic Association and it is the responsibility of Affiant to determine the effect, if any.

FURTHER AFFIANT SAYETH NAUGHT.

Pursuant to section 837.06, Florida Statutes (2008), whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

AFFIANT:

PRINT NAME: _____

COUNTY OF OKALOOSA)
)
STATE OF FLORIDA)

SWORN TO AND SUBSCRIBED BEFORE ME this ___ day of _____, 20___, by _____, who is personally known to me OR has produced _____ as identification.

(SEAL)

NOTARY PUBLIC
STATE OF FLORIDA AT LARGE

GUARDIANSHIP STATEMENT

OKALOOSA COUNTY SCHOOL DISTRICT

ADMINISTRATIVE COMPLEX

120 Lowery Place S.E.

Fort Walton Beach, FL 32548

PLEASE CHECK ONE:

Out of County

In County with Documents

Homeless

Name of Student: _____ Date of Birth: _____

School Year: _____ Grade: _____ Last School Attended: _____

Legal Mother's Name: _____
Last First Middle

Address: _____ Home Telephone Number: (____) _____
Work Telephone Number: (____) _____
Cell Phone Number: (____) _____

Legal Father's Name: _____
Last First Middle

Address: _____ Home Telephone Number: (____) _____
(if different) Work Telephone Number: (____) _____
Cell Phone Number: (____) _____

Name of Person Having Custody: _____
(if other than parent(s)) Last First Middle

Address: _____ Home Telephone Number: (____) _____
Work Telephone Number: (____) _____
Cell Phone Number: (____) _____

GUARDIAN INFORMATION

Name of Guardian(s): _____
Last First Middle
Last First Middle

Address: _____ Home Telephone Number: (____) _____
Work Telephone Number: (____) _____
Cell Phone Number: (____) _____

Guardian's Relationship to Child: _____

Information Provided by: _____ Date: _____

Relationship to Student: _____

Guardianship Statement/Assignment of Guardianship--To be used only when (1) Parent/Guardian resides outside of Okaloosa County, (2) Local agency verifies the parent is unable to care for the child, or (3) the child is Homeless under the McKinney Act.

AFFIDAVIT
CONFIRMING CHANGE IN CUSTODY
(TO BE USED WHEN PHYSICAL CUSTODY OF STUDENT CHANGES)

STUDENT SERVICES
OKALOOSA COUNTY SCHOOL DISTRICT

BEFORE ME, the undersigned authority, personally appeared _____ (hereinafter "Affiant") who, being by me first duly sworn, on oath, deposes and says:

1. Affiant is _____ (ENTER NAME).
2. Affiant resides at (ENTER ADDRESS):

3. Affiant's telephone number is _____ (ENTER TELEPHONE).
4. Affiant's social security number is XXX-XX-_____ (ENTER LAST 4 DIGITS).
5. Affiant's date of birth is _____ (ENTER DATE OF BIRTH).
6. The copy of Affiant's driver's license attached hereto is a true and correct copy of such identification.
7. Affiant is the mother father guardian of:

STUDENT #1:

NAME: _____

DOB: _____

SSN: XXX-XX-_____

STUDENT #2:

NAME: _____

DOB: _____

SSN: XXX-XX-_____

STUDENT #3:

NAME: _____

DOB: _____

SSN: XXX-XX-_____

8. The Student(s) have been residing with Affiant at the address listed in item 2 above since _____, and therefore, Affiant has physical custody of the Student(s).
9. Affiant hereby consents to the release of any information contained in the educational records of the Student to him her, via the following methods: (a) regular mail to the address listed in paragraph 2 of this affidavit. (b) email to _____, or (c) via telephone to calls originating from (_____) _____.

FURTHER AFFIANT SAYETH NAUGHT.

Pursuant to section 837.06, Florida Statutes (2008), whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

 PRINT NAME: _____

COUNTY OF OKALOOSA)
 STATE OF FLORIDA)

SWORN TO AND SUBSCRIBED BEFORE ME this ____ day of _____, 20____,
 by _____, who is personally known to me or has produced
 _____ as identification.

(SEAL)

 Name: _____
 NOTARY PUBLIC
 STATE OF _____ AT LARGE
 Commission Expires: _____