

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

New  
Renewal


VERIFICATION OF ADDRESS  
(Families Residing With Other Families)

Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree and punishable by up to 60 days in jail and/or a fine of up to \$500.00. If you falsify any information when enrolling your child, you can be referred to law enforcement for prosecution.

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I understand that falsification of this information may lead to the immediate withdrawal of my child from this school. I also understand that this form is valid for one (1) school year ONLY and it is my responsibility, as parent, to renew this form no later than June 30<sup>th</sup> for the next school year. Note: Any student's address information not renewed by the time allotted will result in the student being withdrawn from school until address information is verified.

\_\_\_\_\_ Please initial

Please check ONE:

- Sharing Housing (temporarily with another family due to loss of housing, economic hardship, or similar reason)
- Other Housing (temporarily in a hotel due to loss of housing, economic hardship, or similar reason)
- Sharing Housing (with another family or relative by choice)
- Do not have a formal lease agreement (Not Sharing Housing)

Name of Parent: \_\_\_\_\_ Telephone Number(s): \_\_\_\_\_

Name(s) of student(s) enrolling in school:

\_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

I hereby swear/attest that my child (ren) and I are currently residing with or in the home of \_\_\_\_\_,  
(Print name of homeowner or lessee)

at \_\_\_\_\_  
(Street Address) (City, State, Zip Code)

Note: A copy of one of the following items must be attached: A valid Florida Driver's License (or DMV picture ID), government benefits or auto registration with the Osceola County street address shown above.

If a family either: Provides false information on any SDOC form, uses false documentation, or does not notify the school of an address change to a different school zone, the student will forfeit athletic and extracurricular eligibility for one (1) calendar year from the date of discovery of the violation.

\_\_\_\_\_ (Parent/Legal Guardian Signature) \_\_\_\_\_ (Date)

State of Florida, County of Osceola

Signed and sworn (or affirmed) before me on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by

\_\_\_\_\_ Identification

Notary Signature or SDOC employee

TO BE COMPLETED BY HOME OWNER/LESSEE

I \_\_\_\_\_, hereby swear/attest that the above statement is true and accurate and the  
(Print name of Legal Osceola County Resident)

above named individuals are indeed residing at my permanent residence.

Note: A copy of a mortgage document, properly executed rental/lease agreement or property tax record and a copy of a current utility bill or proof of government benefits showing the Osceola County street address must be attached as evidence of address.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Telephone Numbers)

State of Florida, County of Osceola

Signed and sworn (or affirmed) before me on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by

\_\_\_\_\_ Identification

Notary Signature or SDOC employee

\* Notary not required if witnessed by SDOC employee of registering school