



**ADDRESS VERIFICATION AFFIDAVIT**  
(Appendix 6A)

STATE OF FLORIDA  
COUNTY OF CHARLOTTE

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_  
who after first being duly sworn, deposes and says:

1. My name is \_\_\_\_\_ and I am a resident of Sarasota County ("pocket area"), Florida.
2. I reside at (NO P.O. BOX ALLOWED) \_\_\_\_\_
3. I am the parent/guardian of \_\_\_\_\_ who currently resides with me at (NO P.O. BOX ALLOWED) \_\_\_\_\_  
And will continue to reside at that address at least four (4) of the five (5) school days during each and every week throughout the entire school year.
4. My mailing address is \_\_\_\_\_
5. I will notify the School Board of Charlotte County within five (5) working days of any change in my residence or the residence of the above child.
6. I am fully aware of and understand the School Board's policy concerning student reassignment and neither the execution of this affidavit nor the living arrangements set forth above violate the intent of such reassignment policy.
7. I am aware that anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Sections 775.082, 775.083 or 775.084, Florida Statutes.

Parent/Guardian \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_  
by \_\_\_\_\_ who is personally known to me or who produced \_\_\_\_\_  
as identification.

\_\_\_\_\_  
NOTARY PUBLIC, Commission No. \_\_\_\_\_

(SEAL)

My Commission Expires: \_\_\_\_\_