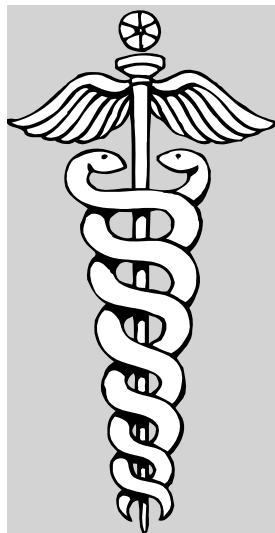


DeSoto County School of Practical Nursing – Application

Class of 2025-2026



Division of Career & Adult Education
School District of DeSoto County
310 West Whidden Street
Arcadia, Florida 34266

Application due by March 28, 2025



DeSoto County School of Practical Nursing

310 West Whidden Street, Arcadia, Florida 34266
(863) 993-1333 FAX: (866) 889-1073

Practical Nursing Program 2025/2026

Thank you for your interest in the DeSoto County Practical Nursing Program. The School District of DeSoto County was granted permission from the Region 22 Coordinating Council and the Florida Department of Education to provide this program as part of the adult school offerings in Arcadia, Florida to meet the needs of the residents of DeSoto County. Our program has been approved by the Florida State Board of Nursing and the Department of Education to train 12 students each year.

REQUIRED INFORMATION

- TRANSCRIPTS MUST BE OFFICIAL and mailed from the school or college to the Family Service Center.
- REFERENCE LETTERS - 2 employment plus 1 personal reference letter from persons unrelated to the applicant MUST BE MAILED, EMAILED, FAXED OR HAND DELIVERED TO FSC BY THE PERSON COMPLETING THE REFERENCE LETTER.

PREREQUISITES

None

TESTING

Test of Adult Basic Education (TABE), Level A - \$20.00 fee payable the day of testing.

Minimum basic skills grade level required for the completion of this program is 11.0 in Math, Reading and Language. Students are required to reach the level before receiving their certification. Persons that graduated from high school after 1988 are exempt from this requirement. Additionally, persons having an Associate of Science degree or higher are exempt from this requirement

TEAS testing – Fee required at time of test registration

Random Background Screen and Drug Testing - Level 2 FBI and local background screen and random drug testing is required during the program.

PROOF OF FLORIDA RESIDENCY

Applicants must provide 2 forms of documentation for proof of Florida Residency for Tuition Purposes. Enclosed forms are to be completed as part of the application packet

All transcripts, reference letters and testing must be completed and on file at FSC prior to the application deadline in order to be accepted.

COST OF PROGRAM

The cost of the program is approximately \$10,000.00.

Financial assistance grants and scholarships are available for those who apply and qualify. All applications will be approved/denied on a first come/ first served basis until all funds are expended. Contact the below listed agencies for more information.

- CareerSource Heartland @ 863-993-1008
- Department of Veteran's Affairs - contact your VA representative for further information
- Florida Farmworker @ 863-784-7043
- Step Up SunCoast @ 863-448-9203
- Family Service Center @ 863-993-1333

All arrangements must be settled before the first day of school.

Apply early as it may take up to 30 days from registration/orientation for approval of the grant/scholarship.

APPLICATION PROCESS

- Complete the enclosed application by the deadline provided.
- **The completed application is due to Family Service Center on or before Friday, March 28, 2025.**
- Interviews will be scheduled after the deadline date for each applicant with our nursing advisors. The selection process should be completed by May.

ONCE SELECTED

- If you are selected you will need to provide the following information:
 1. Immunization records
 2. Physical Exam
 3. Verification of medical insurance
 4. Fingerprinting (completed at the School District Administrative offices)
 5. Arrangements for financial obligations including a valid Student Aide Report from the Office of Student Financial Aid (FAFSA).

If you have any further questions, contact the school at 863 / 993-1333. We hope to see you soon and do remember...

"An education is the opening of new doors for you!"

Student Responsibilities for Attendance and Training

1. Make prior arrangements with the instructor for absences involving extenuating circumstances. All absences are required to be made up.
2. For absences on the day of class, call the instructor at school, 863-993-1333, prior to class.
3. For absences on clinical days, call the instructor prior to the scheduled clinical time.
4. Report to the assigned clinical area 15 minutes before scheduled clinical time.
5. If late to clinical training, the instructor will not allow you to attend clinical for that day. Promptness is important for safe patient care.
6. Obtain permission from the instructor before leaving the clinical setting for any reason.
7. If absent due to an infectious illness or if absent for three or more consecutive days because of an illness, obtain a release from your doctor before returning to class.
8. It is the student's responsibility to ask for any assignments covered in the classroom during absence. Make up work should be completed on your own time and be made up within one week of returning to class.
9. Non-emergency medical and dental appointments must be scheduled before or after school hours.
10. Student will be required to pay for instructors' time for any make-up that is agreed to beyond any scheduled make-up times.

EQUAL EDUCATIONAL OPPORTUNITIES ASSURANCES

SCHOOL BOARD POLICY EPS CODES: AA & JFCL

NON-DISCRIMINATORY MINORITY LANGUAGE EQUITY

"National origin minority or limited English proficient students shall not be subjected to any disciplinary action because of their use of a language other than English." [FAC 6A-6.0908(3)]. If you feel you have been unfairly discriminated against and disciplined because of your use of a language other than English in the DeSoto County public schools, please notify the school principal and/or Dr. Amy Bennett, Associate Director of Student Services at (863) 993-1333- Ext. 3312.

VOCATIONAL EDUCATION EQUITY

SCHOOL BOARD POLICY EPS CODE: AA

All vocational courses are open to all students without regard to race, color, national origin, sex or disability. If you feel you have been discriminated against in any one of these areas, please notify your principal and/or Dr. Amy Bennett, Associate Director of Student Services at (863) 993-1333 Ext. 3312.

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

SCHOOL BOARD POLICY EPS CODE: AC

Unlawful Discrimination Prohibited. The DeSoto County School Board subscribes to and will comply with the Florida Educational Equity Act. The school board will ensure implementation of this Act in the following areas: treatment of students, health services, interscholastic, club and intramural athletics, student financial assistance, student employment, educational and work environment, and personnel.

No person shall, on the basis of race, color, religion, sex, national origin, disability, age or marital status, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity except as provided by law.

General Authority 230.22 FS, 228.2001 FS, DOE Rules 6A-19.01, 6A-19.10.

Visitors must present a valid ID before entering the building.

Dr. Amy Bennett, Associate Director of Student Services
310 West Whidden Street
Arcadia, FL 34266
(863) 993-1333 Ext. 3312

Contact Dr. Gina Stafford, for a copy of the Customer Complaint Procedures (EPS Code: AA-R).

School District of DeSoto County
 Division of Career and Adult Education
 DeSoto County School of Practical Nursing
 Estimated Fees for 2025-2026

Tuition	\$3,800.00
Liability Insurance	\$15.00
Nurse Lab Kit	\$375.00
Fingerprinting	\$55.00
Drug Screening	\$70.00
MMR (2 doses @ \$58 each)	\$116.00 *
Tetanus (1 dose every 10 years)	\$35.00 *
Hep B Immunization** (3 doses @\$58. each)	\$174.00 *
T Spot or Tdap (yearly)	\$50.00 *
Flu Vaccine** (yearly)	\$60.00 *
Varicella (Chicken Pox)** (2 doses @ \$75. each)	\$150.00 *
Book Package to Include Textbooks, Exams and Site Access:	\$3,500.00
Medical Surgical Nursing Textbook & Workbook	
Nursing Skills and Concepts	
Clinical Pharmacology	
Maternity & Pediatric Nursing	
SIM LPN	
PassPoint PN – 12 months	
Docucare – 12 months	
ATI Package	
Writing Tablet/Notebook	\$15.00
Nurses' Uniform	\$315.00
Tac pin	\$15.00
Nurse Shoes (Closed Toe)**	\$125.00 *
LPN Graduation Pin	\$110.00
IV Therapy Certification	\$250.00
State Exam - Bd of Nursing	\$215.00
State Exam - Test	\$125.00
Total Estimated Cost of Program	\$9,570.00

* indicates cost not paid by the training provider

Update 10/8/2021

Beginning with the 2022-2023 academic year, a disabled veteran enrolled in a program of education approved for educational assistance under 38 U.S.C. s. 3313 at a state university, a Florida College system institution, a career center operated by a school district under s. 1001.44, or a charter technical career center who does not qualify for the 100-percent eligibility tier under federal law is eligible to receive a waiver for tuition and fees. The waiver amount is equal to the difference between the portion of tuition and fees paid in accordance with federal law and the full amount of tuition and fees at the institution attended. The amount awarded by the stat is not to be determined until after the application of federal benefits under 38 U.S.C. s. 3313.

SCHOOL DISTRICT OF DESOTO COUNTY

Division of Career and Adult Education
 DeSoto County School of Practical Nursing
 310 W. Whidden Street, Arcadia, Florida 34266
 863-993-1333

PROGRAM APPLICATION

Name: _____
 Last First Middle Maiden

Address: (Mailing) _____
 Street City Zip

Address: (Physical) _____
 Street City Zip

Are you a Citizen of the United States Yes No If no, what is your current residency status? _____

Are you a Florida Resident Yes No (Resided in FL for the last 12 months, must have 2 documents to show proof)

Social Security No. (last 4 digits only) _____ E-mail Address: _____

Home Phone _____ Work Phone _____ Cell Phone _____

In case of emergency, contact _____ Phone # _____

Relationship _____

How did you hear about our program _____

Educational Preparation:

List each institution chronologically.

High School / College City, State	Years Attended From / To	Semester Hours	Degree	Date Graduated

List in chronological order remunerative or volunteer work experience you have had in the health field.

Years From / To	State	County	Business & Address	Supervisor	Phone Number	Type of Work

Employment History for the past three (3) years including self - employment, military and unemployed periods of time.

Time Periods	Firm name & phone number (required)	Employed Years / Days	Supervisor	Duties

All applicants must submit the names of three (3) individuals *to whom they have **not** mailed the standard reference letter.* Letter of reference **should not be from relatives** and at least one should be from the most recent employer. (Please refer to the cover letter for dates the letters are due back to the Family Service Center.)

Reference	Address	Phone Number

I hereby represent that each answer to a question here in and all other information otherwise furnished is true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the questions or subject to which the answer or information relates. I understand that any incorrect, incomplete, or false statements or information furnished by me will subject me to discharge at any time. In the event that the DeSoto County Practical Nursing Program accepts me, I agree to comply with all of its orders, rules and regulations. I hereby authorize my former employers to give any information regarding my employment with them and in addition, to furnish any other information they may have concerning me.

I hereby authorize the release of all information from any and all law enforcement agencies where protected under the Privacy Act.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY APPLICANT:

1. Have you ever been treated for any of the following problems, diseases or conditions in the past or present?

A. Indicate Yes or No to each item:

- | | | |
|---------------------------|--------------------------|-----------------------------------|
| _____ Diabetes | _____ Visual Defect | _____ Yellow Jaundice (Hepatitis) |
| _____ Tuberculosis | _____ Varicose Veins | _____ Skin Disorder |
| _____ Epilepsy | _____ Heart Trouble | _____ Emotional/Mental Issues |
| _____ Back Injury/Trouble | _____ Hemorrhoids | _____ Joint Problems |
| _____ Neck Injury/Trouble | _____ Asthma, Emphysema | _____ Hearing Defect |
| _____ Arthritis | _____ Breathing Problems | _____ Alcoholism |
| _____ Rheumatism/Gout | _____ Anemia | _____ Chicken Pox |
| _____ Bleeding Problems | _____ Ulcers (stomach) | _____ Rubella |
| _____ Severe Headaches | _____ Drug Problems | _____ Mumps |
| | _____ Blood Pressure | |

B. Operations in the past: _____

Explain: _____

C. Medications: _____

D. Personal Physician: Name: _____

Address: _____ Phone: _____

2. Have you in the past, missed time from your job for any illness, injury, etc.? _____

3. Have you ever had a serious medical illness requiring hospitalization? _____
If so, explain: _____

4. Have you ever been convicted of a: misdemeanor? Yes No; of a felony? Yes No

As a student a level 2 and local background check and random drug testing is required.

5. What will be your method of payment for the Practical Nursing program? Please be reminded, a minimum of 30 days is required for application and approval of any grant/scholarship. _____

6. Does any of the following apply to you..... Yes_____ No_____

- Have worked as an adult primarily without remuneration (payment) to care for home and family and for that reason has diminished marketable skills.
- Has been dependent on public assistance or on the income of a relative but is no longer supported by such income
- Is a parent whose youngest child will become ineligible (at age 16) to receive assistance under the program for Aid to Families with Dependent Children under Part A of the Title IV of the Social Security Act within two years of the parent's application for assistance under the Act
- Is employed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment as appropriate
- Is described in one of the above statements and is a criminal offender.

I affirm that all answers and/or information given on this form are true and correct.

Applicant Signature _____ Date _____

Equal Opportunity/Affirmative Action Employer: The School Board of DeSoto County does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or genetic information in employment or the provision of services.

Dr. Amy Bennett, Equity Coordinator – School District of DeSoto County - Phone (863) 993-1333 Ext. 3312

Employment Related Reference

DeSoto County School of Practical Nursing - School District of DeSoto County

310 West Whidden Street, Arcadia, Florida 34266

Phone: (863) 993-1333

Fax: (866) 889-1073

Date: _____

To: _____

(Name of person completing the reference letter)

I have applied for admissions into the DeSoto County Practical Nursing Program for the 2024 – 2025 school year. The application process requires the completion of two (2) employment related references.

I would like to request that you take the time to complete the required form and return to the Practical Nursing Program at the address above. Thank you. Attention: Nursing Application

Applicant Name: _____ Dates of Employment: _____

What was your relationship with the applicant? _____

If the applicant worked with you, did you directly supervise her/him? _____

What were the applicant's major job duties? _____

How well did the applicant relate to others on the job? _____

How would you evaluate the applicant's work quality and quantity (productivity)? _____

What were some of the applicant's strengths? _____

In what areas did the applicant need improvement? _____

*How would you evaluate the applicant's work habits such as attendance, punctuality, dependability and observance of work rules? _____

What was the applicant's reason for leaving? _____

Would you rehire the applicant? _____

Other comments _____

** Highly Important*

Signature _____ Position _____ Date _____

Employment Related Reference

DeSoto County School of Practical Nursing - School District of DeSoto County

310 West Whidden Street, Arcadia, Florida 34266

Phone: (863) 993-1333

Fax: (866) 889-1073

Date: _____

To: _____

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I would like to request that you take the time to complete the required form and return to the Practical Nursing Program at the address above. Thank you. Attention: Nursing Application

Applicant Name: _____ Dates of Employment: _____

What was your relationship with the applicant? _____

If the applicant worked with you, did you directly supervise her/him? _____

What were the applicant's major job duties? _____

How well did the applicant relate to others on the job? _____

How would you evaluate the applicant's work quality and quantity (productivity)? _____

What were some of the applicant's strengths? _____

In what areas did the applicant need improvement? _____

*How would you evaluate the applicant's work habits such as attendance, punctuality, dependability and observance of work rules? _____

What was the applicant's reason for leaving? _____

Would you rehire the applicant? _____

Other comments _____

** Highly Important*

Signature _____ Position _____ Date _____

Personal Reference

DeSoto County School of Practical Nursing
School District of DeSoto County
310 West Whidden Street Arcadia, Florida 34266
Phone: (863) 993-1333 Fax: (866) 889-1073

Date: _____

To: _____
(Name of person completing reference letter)

I have applied for admissions into the DeSoto County Practical Nursing Program for the 2025-2026 school year. The application process requires the completion of three (3) references, one of which must be a personal reference.

I would like to request that you take the time to complete the required form and return to:

DeSoto County School of Practical Nursing
310 West Whidden Street
Arcadia, Florida 34266

Attention: Nursing Application

Applicant Name: _____

What is your relationship with the applicant? _____

How long have you known this applicant? _____

What are some of the applicant's character strengths? _____

Do you consider the applicant trustworthy? Explain: _____

Does the applicant have shortcomings that would interfere with their participation in the nursing program?

Explain: _____

Does the applicant have a strong support system in family and friends? Explain: _____

Are there any circumstances that would prohibit the applicant from successfully completing the program? Explain: _____

Signature _____ Date _____

PROOF OF RESIDENCY FOR TUITION PURPOSES

To qualify for Florida Residency Tuition Rate, students will be required to show 2 forms of ID to show proof of Florida residency. One form must come from section 1 the second form can come from either section 1 or 2. If a student cannot prove Florida Residency, he/she will have to pay the out-of-state tuition rate to enroll in classes.

1. The documents must include at least one of the following:
 - a. Florida voter's registration card
 - b. Florida driver's license
 - c. State of Florida identification card
 - d. Florida vehicle registration
 - e. Proof of a permanent home in Florida which is occupied as a primary residence by the individual or the individual's parent if the individual is a dependent child.
 - f. Proof of homestead exemption
 - g. Transcripts from a Florida high school for multiple years if the Florida high school diploma or GED was earned in the last 12 months
 - h. Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12 month period.
2. The documents may include one or more of the following:
 - a. Declaration of domicile in Florida
 - b. Florida professional or occupational license
 - c. Florida incorporation
 - d. Document evidencing family ties in Florida
 - e. Proof of membership in a Florida based charitable or professional organization
 - f. Any other documentation that supports the student's request for resident status, including but not limited to, utility bills and proof of 12 consecutive months of payment; a lease agreement and proof of 12 consecutive months of payment; or an official state, federal or court document evidencing legal ties to Florida.

FLORIDA RESIDENCY DECLARATION FOR TUITION PURPOSES

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residency in Florida for at least twelve (12) consecutive months preceding the first day of classes of the term for which Florida residency is sought.

- Residence in Florida must be a bona fide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education.
- To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, a foreign national in a nonimmigrant visa classification that grants you the legal ability to establish a bona fide domicile in the United States, a permanent resident alien, parolee, asylee, Cuban-Haitian entrant, legal alien granted indefinite stay by the U.S. Citizenship and Immigration Services, or other qualified alien as defined under federal law. Other persons not meeting the twelve-month legal residence requirements may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature pursuant to section 1009.21, Florida Statutes (see "Qualification by Exception" below). All other persons are ineligible for classification as a Florida "resident for tuition purposes"
- Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend upon out-of-state parents for support are presumed to be legal residents of the same state as their parents.
- Residency for tuition purposes requires the establishment of legal ties to the state of Florida. A student must verify that the student has broken ties to other states. If the student or, in the case of a dependent student, his or her parent has moved from another state.

Please print of submitting hard copy.

Name of Student: _____ Date of Birth: _____

Student is a: () U.S. Citizen () Non-U.S. Citizen () Permanent Resident () Other

Alien Registration Number: _____ Issue Date: _____

Visa Category: _____

All non-U.S. citizen students seeking classification as a Florida resident for tuition purposes are required to submit documentation of their legal status in the United States as issued by the United States Citizenship and Immigration services office.

NON-FLORIDA RESIDENT

I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted. I understand that should I qualify for a future term, it will be necessary for me to submit an updated Residency Declaration while providing prescribed, supporting documentation to substantiate as "reclassification" of my status. I understand being classified as a non-Florida resident will not exclude me from the possibility of receiving a waiver to cover part or all of the out-of-state fee as defined in s.1009.26, Florida Statutes. Submission of an updated Residency Declaration must occur prior to the beginning of the term for which residency is sought. I do not have to complete any further portion of this form, with the exception of signing below.

Student Name: _____

Signature of Student; (Electronic or ink); _____ Date: _____

TO BE COMPLETED BY THE STUDENT SEEKING FLORIDA RESIDENCY FOR TUITION PURPOSES:

I qualify as a resident for tuition purposes, as defined by s.1009.21, Florida Statutes, for the term for which this application is submitted. I understand that it will be necessary for me to present evidence of residency for tuition purposes, supporting my claim as a Florida resident for tuition purposes. I have read the residency information on qualifying as a dependent or independent student, and declare that: (select one of the options below.)

() I am a dependent student, as defined by s.1009.21 (1)(a), Florida Statutes, in that I am eligible to be claimed as a dependent under the federal income tax code by the claimant below. The claimant is my "parent" as defined by s.1009.21(1)(f), Florida Statutes, (i.e., either or both parents of the student, any guardian of a student, or any person in a parental relationship to the student). My parent has maintained legal residence in Florida for at least the past 12 consecutive months. As defined by section 1009.21(1)(d), Florida Statutes, "legal resident" or "resident" means a person who has maintained his or her residence in this state for the preceding year, has purchased a home which is occupied by him or her as his or her residence, or has established a domicile in this state pursuant to s.222.17" A copy of your parent's tax return may be requested to establish dependence.

() I am an independent person who has maintained legal residence in Florida for at least the past 12 consecutive months. I provide more than 50% of my own support. An independent student generally includes a person who is at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, a ward of the court, or someone with legal dependents other than a spouse, pursuant to the United States Department of Education for the purposes of federal financial aid eligibility. There may be limited cases where a person under the age of 24 years old may qualify as an independent student. Such students will be required to verify independence (including financial independence,) A copy of your tax return may be requested to establish independence.

() I meet residency requirements through one of the Qualifications by Exception below (check appropriate exception):

TERM OF APPLICATION: (check one): () FALL () SPRING () SUMMER YEAR _____

QUALIFICATION BY EXCEPTION: (to be completed by the student)

As provided in s.1009.21, Florida Statutes, I qualify for residency based on the following permitted exception (documentation required):

- () I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s.1009.98, Florida Statutes.) (Required: Copy of Florida Prepaid Recipient card.)
- () I am married to a person who has maintained legal residence in Florida for at least the past 12 consecutive months. I now have established legal residence and intend to make Florida my permanent home. (Required: copy of marriage certificate and/or other documents required to establish residency.)
- () I was previously enrolled at a Florida state postsecondary institution and classified as a Florida resident for tuition purposes. I am transferring to another Florida state postsecondary institution within 12 months of the previous enrollment. (Required: Evidence of previous enrollment as a FL resident).
- () I was previously enrolled at a Florida state postsecondary institution and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.
- () Active duty members of the armed services of the United States residing in the state and their spouses and dependent children, and active drilling members of the Florida National Guard. (Required: Copy of military orders or DD2058 showing home of record.)
- () Active duty members of the Armed Services of the United States and their spouses and dependents attending a Florida college System institution or state university within 50 miles of the military establishment

where they are stationed, if such military establishment is within a county contiguous to Florida. (Required: Copy of military orders.)

- () United States citizens living on the Isthmus of Panama, who have completed 12 consecutive months of college work at the Florida State University Panama Canal Branch, and their spouses and dependent children. (Required: Copy of marriage certificate or proof of dependency.)
- () Full-time instructional and administrative personnel employed by state public schools and institutions of higher education and their spouses and dependent children. (Required: Employment Verification)
- () Students from Latin America and the Caribbean who receive scholarships from the Federal or state government. Any student classified pursuant to this paragraph shall attend, on a full-time basis, a Florida institution of higher education. (Required: proof of scholarship and Latin America or Caribbean residency.)
- () Southern Regional Education Board's academic Common Market graduate students attending Florida's state universities. (Required: Certification letter from State Academic Common Market Coordinator.)
- () Full-time employees of state agencies or political subdivisions of the state when the student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. (Required: Employment verification / payment agreement).
- () McKnight Doctoral Fellows and Finalists who are United States citizens. (Required: Verification from graduate studies.)
- () United States citizens living outside the United States who are teaching at a Department of Defense Dependent School or in an American International School and who enroll in a graduate level education program which leads to a Florida teaching certificate. (Required: Proof of enrollment in graduate program for FL teaching certificate).
- () Active duty members of the Canadian military residing or stationed in this state under the North American Air Defense (NORAD) agreement, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where they are stationed. (Required: Proof of active duty membership for specified purpose.)
- () Active duty members of a foreign nation's military who are serving as liaison officers and are residing or stationed in this state, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where the foreign liaison officer is stationed. (Required: Proof of active duty membership for specified purpose.)

TO BE COMPLETED BY THE CLAIMANT / PERSON CLAIMING RESIDENCY:

Note: If the student is a dependent, the parent is the claimant and will complete this section and provide evidence of residency supporting the claim. If the student is independent, the student is the claimant and will complete this section and provide evidence of residency supporting the claim. **No single document shall be conclusive in establishing residency. Additional documentation, other than what is prescribed may be requested in some cases. All documentation provided is subject to verification. Evidence of ties to another state may result in denial of Florida residency for tuition purposes.**

Claimant / Name of Person Claiming FL Residency: _____

Claimant's Relationship to Student: _____

Claimant's address: _____

Telephone Number: _____

Date Claimant began establishing legal FL residence (if upon birth, enter birthdate): _____

PROVISION OF DOCUMENTS TO SUPPORT CLAIM OF FLORIDA RESIDENCY

Per s.1009.21(3)(c), Florida Statutes, the residency determination must be documented by the submission of written or electronic verification that includes two or more of the documents identified below. No single piece of evidence shall be conclusive.

A. Claimant must provide at least one of the following of his/her personal documentation:

- () Florida Voter's registration card number: _____ Issue Date ____/____/____
- () Florida Driver's License Number _____ Original Issue Date: ____/____/____
Current Issue Date: ____/____/____
- () Florida State Identification Card Number _____ Original Issue Date: ____/____/____
Current Issue Date: ____/____/____
- () Florida Vehicle Registration Number _____ Original Issue Date: ____/____/____
Current Issue Date: ____/____/____
- () Proof of permanent home in Florida occupies as primary residence for 12 consecutive months prior to the student's enrollment. (Required: document such as a deed or other evidence of title to property used as primary residence, a homeowner's policy, a title insurance policy, evidence of a property tax payment on the primary residence, multiple leases reflecting a Florida address, or a lease of multiple years' duration.)
- () Proof of a homestead exemption in Florida. (Required: document from the county tax collector demonstrating the application of a homestead exemption to the claimant's primary residence.)
- () Official transcripts from a Florida high school for multiple years (2 or more), if the Florida high school diploma or GED was earned within the last 12 months. (Dates of attendance: _____
Graduation date: ____/____/____ (Required: Transcript)
- () Proof of permanent full-time employment in Florida for at least 30 hours per week for a 12-month period. (Required: pay stubs or W-2 form for the past 12 consecutive months and /or verification from employers, and/or IRS 1099 with verification of employment for the past 12 consecutive months from an employer.)

B. Claimant may provide one or more documents from the following categories to demonstrate residency in Florida (to be used in conjunction with one document from above):

- () Declaration of domicile in Florida in accordance with s.222.17 Florida Statutes.
- () Florida professional or occupational license
- () Florida incorporation
- () Document evidencing family ties in Florida
- () Proof of membership in a Florida-based charitable or professional organization
- () Any other document6ation that supports your request for resident status, including, but not limited to, utility bills and proof of 12 consecutive months of payments; a lease agreement and proof of 12 consecutive months of payments; or an official state federal, or court document evidencing legal ties to Florida.

RESIDENCY DECLARATION:

I, the undersigned, hereby declare that I have read the foregoing document and that the facts state in it are true and further affirm the authenticity of the information provided on all pages of this residency Declaration. I understand that any false or misleading information on this residency Declaration, or provided in support of this Residency Declaration, will subject me to penalties pursuant to section 837.06, Florida Statutes, for making a false statement. I give permission for the institution to review or examine any and all documents and records, including those accessible electronically, which may assist in support of my claim as a Florida resident for tuition purposes.

Student Name: (Please Print) _____

Claimant Name (if not the Student): _____

Signature of Claimant (Electronic or ink): _____