BROWARD COUNTY PUBLIC SCHOOLS (BCPS)
AFFIDAVIT of SHARED HOUSING

INSTRUCTIONS: The purpose of this form is to request that the following school-age child(ren), who are residing with their parent/guardian at the residential address below, be permitted to enroll in the boundaried school as long as the stated address is the bona fide legal address of the student(s) and parent/legal guardian.

Please, complete this form, sign under oath before a notary, and return it to the front office of your child(ren)'s school.

SECTION I: To be completed by the parent/guardian in a shared housing situation.

Name of Boundaried School: _____

Name of Parent/Guardian: _____

Name of Student: _____ Date of Birth: _____/_____/_____Grade: _____

Name of Student: _____ Date of Birth: _____/_____/_____Grade: _____

Name of Student: _____ Date of Birth: _____/_____/_____Grade: _____

Residential Address: _____ City: _____ Zip: _____

It is understood that:

- Absent an approved alternative method of assignment or reassignment, all students in BCPS shall be assigned annually to the school within the attendance boundaries which have been established by the School Board.
- Two proofs of residence from Column B shall be provided by the parent/guardian
- One proof of residence from both Columns A and B shall be provided by the homeowner/lessor
- If a change in the bona fide legal residence occurs, it is the responsibility of the parent/legal guardian and homeowner/lessor to notify the school within 10 business days.
- **The information provided by the undersigned is accurate.**
  - **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.**
  - **Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.**
- **Providing false information is a fraud and will result in withdrawal of the student(s) from the boundaried school.**
- This document shall be renewed every quarter at schools whose enrollment is at or exceeding 102% of permanent capacity, or annually at all other schools.
- Families who are unable to provide proof of residence due to extenuating circumstances shall complete this form on an annual basis.

_____	_____	_____
Signature of Parent/Guardian	Print Name of Parent/Guardian	Telephone Number

County of Broward
State of Florida

I hereby certify that on this _____ day of _____, 20_____, the above subscribers personally appeared before me and made oath that the foregoing facts are true to the best of their knowledge, information and belief, under penalty of perjury. Each subscriber is known to me or provided the following identification _____.

My Commission Expires: _____

Notary Signature: _____

Section II: To be completed by the person who owns or leases the shared residence.

As the homeowner or lessor of the residence listed on this form, I acknowledge that the above-named individual(s) and their school-age child(ren) are residing at this address and not for the purpose of attending the above-named boundaried school in Broward County. I agree to provide one supporting document from Column A and one from Column B from Section III below.

_____	_____	_____
Signature of Homeowner/Lessor	Print Name of Homeowner/Lessor	Telephone Number

County of Broward
State of Florida

I hereby certify that on this _____ day of _____, 20_____, the above subscribers personally appeared before me and made oath that the foregoing facts are true to the best of their knowledge, information and belief, under penalty of perjury. Each subscriber is known to me or provided the following identification _____.

My Commission Expires: _____

Notary Signature: _____

Section III: To be completed by school staff.

Please identify the proofs of residence documentation provided by the:

Homeowner/Lessor				Parent/Guardian	
Column A (Check One)		**Column B** (Check One)		**Column B** (Check Two)	
☐	Property Tax Bill	☐	Utility Bill	☐	Utility Bill
☐	Homestead Exemption Card	☐	Telephone or Cellular Phone Bill	☐	Telephone or Cellular Phone Bill
☐	Deed	☐	Homeowners or Condominium Association Letter	☐	Homeowners or Condominium Association Letter
☐	Mortgage Statement	☐	Declaration of Domicile Form	☐	Declaration of Domicile Form
☐	Home Purchase Contract	☐	Florida Drivers License	☐	Florida Drivers License
☐	Notarized Lease	☐	Florida Identification Card	☐	Florida Identification Card
		☐	Automobile Registration	☐	Automobile Registration
		☐	Automobile Insurance	☐	Automobile Insurance
		☐	Credit Card Statement	☐	Credit Card Statement
		☐	Bank Account Statements	☐	Bank Account Statements
		☐	US Postal Service Change of Address Request	☐	US Postal Service Change of Address Request

If proof of residence was not completed during registration, the family was provided with:		
☐	30-Calendar Day Grace Period	Due Date: _____/_____/20_____
☐	Referral to the Homeless Education Program	
☐	Referral for document completion support (e.g., Student Services Department, ESOL)	
☐	Referral to the Demographics Department for investigation	
☐	Other: _____	