



Joseph G. Joyner, Ed.D.
Superintendent of Schools

40 Orange Street
St. Augustine, Florida 32084
(904) 547-7500
www.stjohns.k12.fl.us

**HOMEOWNER'S ACKNOWLEDGEMENT
(Household Status)**

SCHOOL BOARD

Beverly Slough
District 1

Tommy Allen
District 2

Bill Mignon
District 3

Kelly Barrera
District 4

Patrick Canan
District 5

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct.

I _____ acknowledge that _____
(owner) (additional residents)

reside at _____

(Print Homeowner/Property Manager name)

(Homeowner/Property Manager signature)

Owner's Contact Information:

(Address) (Phone number)

This lease is:

- annual
- month to month

STATE OF _____/COUNTY OF _____

SUBSCRIBED and SWORN before me on this day of _____, 20_____,
by _____, who () is personally known to me or () has produced a
Florida Driver's License.

Signature of Notary

Name of Notary typed, printed or stamped

Notary Public, State of _____ at Large
My Commission Number is _____
My Commission expires _____

*The St. Johns County School District will inspire good character and a passion for lifelong learning
in all students, creating educated and caring contributors to the world.*



Joseph G. Joyner, Ed.D.
Superintendent of Schools

40 Orange Street
St. Augustine, Florida 32084
(904) 547-7500
www.stjohns.k12.fl.us

For families residing with a homeowner or renter

SCHOOL BOARD

Beverly Slough
District 1

Tommy Allen
District 2

Bill Mignon
District 3

Kelly Barrera
District 4

Patrick Canan
District 5

AFFIDAVIT OF RESIDENCY

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct.

Student's name _____

Explain your current living situation.

Current address _____

Previous address _____

Dates from _____ to _____

Current owner/landlord/property manager name _____

Address _____ Phone Number _____

(print parent/guardian name)

(parent/guardian signature)

STATE OF FLORIDA/COUNTY OF ST. JOHNS

SUBSCRIBED and SWORN before me on this day of _____, 20_____,
by _____, who () is personally known to me or () has produced a
Florida Driver's License.

Signature of Notary

Name of Notary typed, printed or stamped

Notary Public, State of Florida at Large

My Commission Number is _____

My Commission expires _____

*The St. Johns County School District will inspire good character and a passion for lifelong learning
in all students, creating educated and caring contributors to the world.*

Revised 1/2016 SS/jd