

## SUPERVISORY AFFIDAVIT

### AFFIDAVIT OF ADULT EXERCISING SUPERVISORY AUTHORITY, IN PLACE OF THE PARENT, OVER A CHILD REQUESTING ENROLLMENT IN PUBLIC SCHOOLS IN ESCAMBIA COUNTY, FLORIDA

STATE OF FLORIDA  
COUNTY OF ESCAMBIA

**BEFORE ME**, the undersigned authority, personally appeared:

\_\_\_\_\_ ("Adult"),

[Name of Adult exercising supervisory authority over Child seeking enrollment]

who, being first duly sworn, deposes and states as follows:

1. I am a resident of Escambia County, Florida, whose home address and telephone number are:

**My Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

2. I am the Adult who exercises supervisory authority, in place of the parent, over a child who requests enrollment in public schools in Escambia County, Florida. The full name, date of birth, and social security number of the child requesting enrollment ("Child") are as follows:

**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

3. My family or other relationship to the Child is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I am exercising supervisory authority over the Child in place of the Parent because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The Child resides with me at my Home Address listed above, and the Child does not reside with either parent or with an appointed guardian.

6. The addresses and telephone numbers of the natural (birth) parents of the Child, or of any appointed guardian of the Child, are as follows (if known):

**Father's Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Mother's Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Guardian's Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

7. I understand that the School Board of Escambia County, Florida ("School Board"), will rely upon the information provided by me in this Affidavit in assigning the Child to a public school. I also understand that the School Board may verify the information provided in this Affidavit by visit to my Home Address listed above or otherwise. **UNDER PENALTY OF PERJURY, I DECLARE THAT THE INFORMATION PROVIDED IN THIS AFFIDAVIT IS TRUE AND CORRECT AND IS NOT GIVEN WITH THE INTENT TO EVADE OR AVOID THE ASSIGNMENT RULES OF THE SCHOOL BOARD.**

**SIGNATURE OF ADULT:**

\_\_\_\_\_  
Print Name: \_\_\_\_\_

**Sworn to (or affirmed) and subscribed before me** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (name of Adult):\_\_\_\_\_. He/she is personally known to me, or has produced \_\_\_\_\_ as identification.

[Notary Seal]

\_\_\_\_\_  
**Notary Public - State of Florida**  
Print Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_