

## BROWARD COUNTY PUBLIC SCHOOLS (BCPS) AFIDAVI sou LOJMAN MOUN PATAJE

**ENSTRIKSYON:** Bi fòm-sa-a se pou mande sistèm eskolè-a kite yon timoun (plizyè timoun) ki gen non-li (-yo) ekri anba-a, anwole nan lekòl zòn li abite osilontan adrès deklare se vrè adrès legal elèv-la (elèv-yo) ak paran/gadyen legal. Timounnan (-yo) dwe nan laj pou al lekòl e li (yo) dwe abite ak paran/gadyen nan adrès rezidansyèl ki mansyone anba-a.

Tanpri ranpli fòm-sa-a, siyen fòm-la devan yon notè piblik, ak deklarasyon ou fè sou sèman. Apresa, retounen fòm-la lan biwo administrasyon lekòl pitit-ou.

*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.*

**SEKSYON I:** Se sèl paran/gadyen ki dwe konplete seksyon-sa si l ap viv yon sitiyasyon kote li pataje yon lojman.  
(To be completed by the parent/guardian in a shared housing situation.)

Non lekòl-la nan zòn-ou: \_\_\_\_\_  
(Name of Boundaried School)

Non Paran/Gadyen: \_\_\_\_\_  
(Name of Parent/Guardian)

Non elèv-la: \_\_\_\_\_ Dat nesans: \_\_\_\_/\_\_\_\_/\_\_\_\_ Klas: \_\_\_\_  
(Name of Student) (Date of Birth) (Grade)

Non elèv-la: \_\_\_\_\_ Dat nesans: \_\_\_\_/\_\_\_\_/\_\_\_\_ Klas: \_\_\_\_

Non elèv-la: \_\_\_\_\_ Dat nesans: \_\_\_\_/\_\_\_\_/\_\_\_\_ Klas: \_\_\_\_

Adrès rezidansyèl: \_\_\_\_\_ Vil: \_\_\_\_\_ Zipkòd: \_\_\_\_\_  
(Residential Address) City: Zip:

Nou konvni:

- Annabsans chwa altènatif plasman pou elèv oswa transfè apwouve, tout elèv BCPS dwe frekante chak ane lekòl *School Board* detèminen alavans delimitasyon zòn lekòl-la.
- Paran/gadyen dwe pote de (2) dokiman kòm prèv kote li rete (*proof of residence*). Gade nan kolòn B
- Pwopriyete/moun oswa òganizasyon k'ap lwe lokatè lojman-an (*lessor*) ap bezwen prezante yon sèl dokiman, youn nan kolòn A, lòt-la nan kolòn B, kòm prèv adrès rezidansyèl.
- Se responsabiltè paran/gadyen ak pwopriyete/*lessor* pou notifiye lekòl-la nan 10 jou si gen chanjman adrès epi sitou si ou te fè yon deklarasyon an tout bònfw sou adrès kote ou rete.
- **Moun ki siyen anba-a bay enfòmasyon ki ekzakt.**
  - **Lwa Florida Statutes §837.06** espesifye klèman nenpòt moun ki konsyamman fè yon fo deklarasyon alekri nan lentansyon twonpe vijilans yon anplwaye nan fonksyon ofisyèl-li, moun-sa va koupab yon deli dezyèm degre.
  - **Lwa Leta Florid, Florida Statutes §92.525** espesifye klèman nenpòt moun ki konsyamman fè yon fo deklarasyon anba sanksyon fo sèman, moun la koupab krim *perjury* sou fo deklarasyon alekri. Se yon krim (feloni) twazyèm degre.
- **Bay fo enfòmasyon se yon fwòd epi sa kapab lakòz yo retire elèv-la (elèv-yo) nan lekòl zòn-la.**
- Dokiman-sa-a va renouvle chak trimès nan lekòl kote anwolman a 102% kapasite pèmanan oswa pi wo, oswa pou tout lòt lekòl, dokiman-sa va renouvle chak ane.
- Fanmi ki pa kapab bay prèv kote li rete akòz sikonstans esepsonnèl va ranpli fòm-sa-a chak ane.

*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.*

\_\_\_\_\_  
Siyati Paran/Gadyen  
(Signature of Parent/Guardian)

\_\_\_\_\_  
Ekri an lèt detache non Paran/Gadyen  
(Print Name of Parent/Guardian)

\_\_\_\_\_  
Nimewo telefòn  
(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: \_\_\_\_\_

**Seksyon II: Se moun ki pwopriyete kay-la oswa moun /òganizasyon k'ap lwe lokatè-a lojman-an (lessor) ki dwe ranpli seksyon-sa-a. (To be completed by the person who owns or leases the shared residence.)**

Kòm pwopriyete (mèt kay)/moun oswa òganizasyon k'ap lwe lokatè a lojman-an, ki mansyone sou fòm-sa-a, mwen rekonnèt mounnan, moun-yo, ki gen non-li, non-yo mansyone sou fòm-sa-a, abite nan adrès-sa-a ak tout pitit-li, men pa nan bi pou frekante espres lekòl zòn-nan e ki mansyone anwo-a. Lekòl-la sitiye nan Broward County. Mwen dakò pote nan lekòl-la dokiman jistifikatif. M ap prezante youn sèl dokiman nan Kolòn A ak youn lòt dokiman nan Kolòn B, dapre Seksyon III anba-a.

*(As the homeowner or lessor of the residence listed on the 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.)*

\_\_\_\_\_  
Siyati pwopriyete/Moun k ap lwe lokatè lojman  
(Signature of Homeowner/Lessor)

\_\_\_\_\_  
Ekri an lèt detache non Pwopriyete/Lessor  
(Print name of Homeowner/Lessor)

\_\_\_\_\_  
Nimewo telefòn  
(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: \_\_\_\_\_

**Seksyon III: Se sèl estaf lekòl ki kapab konplete seksyon-sa-a. (To be completed by school staff)**

Please identify the proofs of residence documentation provided by the:

Homeowner/Lessor (pwopriyete/moun k'ap lwe lokatè a lojman an)		Parent/Guardian (Paran/Gadyen)	
Column A (Check One)	Column B (Check One)	Column B (Check Two)	
<input type="checkbox"/> Property Tax Bill Bil taks pwopriyete	<input type="checkbox"/> Utility Bill Bil/bòdwò sèvis itilite piblik	<input type="checkbox"/> Utility Bill Bil/bòdwò sèvis itilite piblik	
<input type="checkbox"/> Homestead Exemption Card Kat ekzansyon taks pwopriyete	<input type="checkbox"/> Telephone or Cellular Phone Bill Bil/bòdwò telefòn oswa selilè	<input type="checkbox"/> Telephone or Cellular Phone Bill Bil/bòdwò telefòn oswa selilè	
<input type="checkbox"/> Deed Papye kay-ou	<input type="checkbox"/> Homeowners or Condominium Association Letter Lèt asosiyasyon pwopriyete oswa kondominyòm ba-ou	<input type="checkbox"/> Homeowners or Condominium Association Letter Lèt asosiyasyon pwopriyete oswa kondominyòm ba-ou	
<input type="checkbox"/> Mortgage Statement Relvedkont ipotèk	<input type="checkbox"/> Declaration of Domicile Form Fòm Deklarasyon domisil	<input type="checkbox"/> Declaration of Domicile Form Fòm Deklarasyon domisil	
<input type="checkbox"/> Home Purchase Contract Kontra acha pwopriyete	<input type="checkbox"/> Florida Drivers License Lisans chofè Leta Florid	<input type="checkbox"/> Florida Drivers License Lisans chofè Leta Florid	
<input type="checkbox"/> Notarized Lease Kontra lwaye notarye/liz	<input type="checkbox"/> Florida Identification Card Kat idantifikasyon Leta Florid	<input type="checkbox"/> Florida Identification Card Kat idantifikasyon Leta Florid	
	<input type="checkbox"/> Automobile Registration Kat Rejistrasyon otomobil	<input type="checkbox"/> Automobile Registration Kat rejistrasyon otomobil	
	<input type="checkbox"/> Automobile Insurance Asirans oto	<input type="checkbox"/> Automobile Insurance Asirans oto	
	<input type="checkbox"/> Credit Card Statement Etadkont Kredi kat	<input type="checkbox"/> Credit Card Statement Etadkont Kredi kat	
	<input type="checkbox"/> Bank Account Statements Etadkont kont labank-ou	<input type="checkbox"/> Bank Account Statements Etadkont labank-ou	
	<input type="checkbox"/> US Postal Service Change of Address Request Demann chanjman adrès nan Lapòs Etazini	<input type="checkbox"/> US Postal Service Change of Address Request Demann chanjman adrès nan Lapòs Etazini	

If proof of residence was not completed during registration, the family was provided with:

<input type="checkbox"/>	30-Calendar Day Grace Period	Due Date: ____/____/20____
<input type="checkbox"/>	Referral to the Homeless Education Program	
<input type="checkbox"/>	Referral for document completion support (e.g., Student Services Department, ESOL)	
<input type="checkbox"/>	Referral to the Demographics Department for investigation	
<input type="checkbox"/>	Other: _____	