

## **GUARDIANSHIP AFFIDAVIT**

## [AFFIANT IS THE PERSON SIGNING THIS AFFIDAVIT]

(MUST BE WITNESSED BY A MANATEE COUNTY SCHOOL DISTRICT EMPLOYEE OR NOTARIZED)

					undersigned (hereinaft			lly appeared by me first duly	
sworn,	, on oat	h, dep	oses an	d says:	X	,	J J	, ,	
	١.	Affiar	nt is			·			
	2.	Affiant's identifying information is as follows: Date of Birth:							
		Socia	r digits)						
	3.	The	copy of	Affiant's	s driver's license a identification.		eto as Exhibit	A is a true and	
	4.	Affiar	nt is the	guardiar	n of:				
		STUE	DENT #I	:					
		NAM	E:						
		DOB	:					_	
		SSN:	XXX-X	X				_	
		SCHO	DOL OF	ATTENI	DANCE:			_	
		STUE	DENT #2	2:					
		NAM	E:						
		DOB							
		SSN:	xxx-x	X					
		SCHO	DOL OF	ATTENI	DANCE:				
		STUE	DENT #3	:					
		NAM	E:					_	
		DOB	: <u> </u>					_	
		SSN:	XXX-X	X				_	
					DANCE:				

MIS Form 41-00015, Expires 05/2026 Legal Department Distribution: Student CUM Folder/ School Site/PIC Center

- 5. The Student(s) has have been residing with me at the address listed in item 2 above since \_\_\_\_\_.
- 6. The Student(s) is are living with Affiant because:
- 7. Affiant is acting as a parent in the absence of a parent or guardian.
- 8. Affiant further acknowledges that athletic eligibility may be affected under the rules of the Florida High School Athletic Association and it is the responsibility of Affiant to determine the effect, if any.

## FURTHER AFFIANT SAYETH NAUGHT.

PURSUANT TO SECTION 837.06, FLORIDA STATUTES (2021), WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR

OF THE SECOND DEGREE.

AFFIANT:

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

COUNTY OF	)
	ý
STATE OF	)

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_\_ as identification.

(SEAL)

Name:	
NOTARY PUBLIC	
STATE OF	AT LARGE
Commission Expires:	