

The Office of Student School Choice

EDUCATIONAL GUARDIANSHIP APPLICATION

Please list each child	individually		Please prin	nt clearly
1.Student:	Eirot	Date of Birth:	Grade:	MaleFemale
2.Student:		Date of Birth:		
Last	First	Date of Bhai.	Orac.	iviaici cinaic
3.Student:		Date of Birth:	Grade:	MaleFemale
Last	First	D (CD) (1	G 1	
4.Student:	First	Date of Birth:	Grade:	MaleFemale
5.Student:		Date of Birth:	Grade:	Male Female
Last	First			
<u>Guardian</u>				
		E-mail:_		
Guardian Name:		Phone	Number:	
Guardian Address:				
Guardian Address: Street		City	State	Zip
Guardian Name:		Phone Number:		
			1 (0	
Guardian Address: Street		City	State	Zip
		- •		—-r
Relationship of Guardian to	Student:			
Reason for Guardianship: _				
D 4 '4h C4- d				
Parent with Custody		E-mai <u>l:</u>		
Name of Parent with Custoo	ly:	Phone Number:		
Address of Parent with Cust	odv:			
	Street	City	State	Zip

READ AND SIGN

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 And Punishable By Up To 60 Days In Jail And/Or A Fine Of Up To \$500.00. If You Falsify Your Residence When Enrolling Your Child, You Will Be Referred To Law Enforcement For Prosecution.

Proof of residence must be provided at school.

If a family either: 1. Provides false information on any ECSD form,

- 2. Uses false documentation, or
- 3. Does not notify the school of an address change to a different school zone,

the student will forfeit athletic and extracurricular eligibility for one (1) calendar year from the date of discovery of the violation.

Today's Date			
Guardian 1 Signature			
Guardian 2 Signature			
STATE OFCOUNTY OF			
Sworn to and subscribed before me this	day of	, 20	
By	•		
By			
By			
being duly sworn, or having duly affirmed to	tell the truth, stated person	onally before me that they are competent	unde
the law to give this affidavit and unless stated	l have personal knowledg	ge of the facts stated herein:	
Notary Public	Commiss	sion Expires:	

REQUIREMENTS TO OBTAIN **EDUCATIONAL GUARDIANSHIP** FROM STUDENT ENROLLMENT

Parent lives in Escambia County	Parent lives outside the State of Florida or outside Escambia County				
Documents needed:	Documents needed:				
 Parent is incarcerated Proof of imprisonment Notarized statement from custodial parent. Parent is deceased Copy of the obituary or death certificate. Parent is hospitalized Documents stating when the parent was admitted and possible release date. Notarized statement from custodial parent. Parent is deployed. Military deployment orders Notarized statement from custodial parent. 	 Proof of parents address outside of Escambia County or the state of Florida. Notarized statement from custodial parent assigning individual as the educational guardian. 				
You must also provide:					
 The student's birth certificate. Guardian photo ID (Guardian must be present to receive guardianship). Guardian's proof of residence in Escambia County. 					
In some instances additional documentation may be requested.					

Attached are the following documents

Guardian's Driver's License #
Guardian's State ID #
Guardian's Passport #
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Parent's Driver's License #
Parent's State ID #
Parent's Passport #
Notarized Statement from custodial parent
Student's Birth Certificate
Proof of Parent's residency outside of the seven counties listed above or the state of Florida
Proof of imprisonment
Obituary or death certificate
Hospitalization documentation
Military deployment order
Other