



## STATEMENT CONSENTING TO CHANGE IN ENROLLING PARENT

I, \_\_\_\_\_ (hereinafter "SIGNATORY") hereby state  
as follows:

1. SIGNATORY's resides at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. SIGNATORY'S date of birth is \_\_\_\_\_.
  
3. SIGNATORY'S social security number is XXX-XX-\_\_\_\_\_ (enter last 4 digits).
  
4. SIGNATORY's telephone number is \_\_\_\_\_.
  
5. The copy of SIGNATORY's driver's license attached hereto as Exhibit A is a true and correct copy of such identification.
  
6. SIGNATORY is the  mother  father  guardian of:

STUDENT #1:

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: XXX-XX- \_\_\_\_\_

SCHOOL OF ATTENDANCE: \_\_\_\_\_

STUDENT #2:

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: XXX-XX- \_\_\_\_\_

SCHOOL OF ATTENDANCE: \_\_\_\_\_

STUDENT #3:

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: XXX-XX- \_\_\_\_\_

SCHOOL OF ATTENDANCE: \_\_\_\_\_

7. SIGNATORY is the ENROLLING PARENT for the Student(s) listed in paragraph 6.

8. SIGNATORY hereby consents to change the Enrolling Parent to \_\_\_\_\_ who is the  mother  father  guardian of the Student(s).

**[THE STUDENT(S) MUST RESIDE WITH THE INDIVIDUAL NAMED IN PARAGRAPH 8 ABOVE AT LEAST 50% OF THE TIME.]**

9. SIGNATORY understands that by consenting to the change in the ENROLLING PARENT, SIGNATORY is hereby relinquishing  his  her rights as ultimate decision maker pursuant to policy 5.7.1 of the Policies and Procedures Manual of the School District of Manatee County.

**UNDER SECTION 92.525(2), FLORIDA STATUTES (2021), A PERSON WHO KNOWINGLY MAKES A FALSE DECLARATION IS GUILTY OF THE CRIME OF PERJURY BY FALSE WRITTEN DECLARATION, A FELONY OF THE THIRD DEGREE.**

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING STATEMENT CONSENTING TO CHANGE IN ENROLLING PARENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

**WITNESS:**

(Witness must be a School District employee)

**SIGNATORY:**

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

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

Title: \_\_\_\_\_

**Identification Verified (Include No.):**

FL DL: \_\_\_\_\_

(State issued Driver's License; State issued photo I.D. or Passport)

**OR**

COUNTY OF \_\_\_\_\_ )

STATE OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me OR has provided \_\_\_\_\_ as identification.

(SEAL)

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

NOTARY PUBLIC

STATE OF \_\_\_\_\_ AT LARGE

Commission Expires: \_\_\_\_\_