



STATEMENT OF ELIGIBLE STUDENT

[THIS FORM IS TO BE USED BY ELIGIBLE STUDENTS, 18 YEARS OR OLDER, AS DEFINED IN SECTION 1002.22, FLORIDA STATUTES (2015), WHEN EXERCISING HIS/HER RIGHTS TO PRIVACY]

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

1. SIGNATORY's resides at: _____

2. SIGNATORY's date of birth is _____ and is at least 18 years of age.
3. SIGNATORY's social security number is XXX-XX-_____.
4. SIGNATORY's telephone number is:_____.
5. The copy of SIGNATORY's driver's license attached hereto is a true and correct copy of such identification.
6. SIGNATORY is no longer living with his her parent(s) or guardian(s).
7. SIGNATORY has been living at the address listed in paragraph 1 above since _____, 20____.
8. SIGNATORY does not receive financial support from his her parent(s) or guardian(s).
9. SIGNATORY acknowledges that athletic eligibility may be affected under the rules of the Florida High School Athletic Association and it is the responsibility of SIGNATORY to determine the effect, if any.

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 OF ELIGIBLE STUDENT AND THAT THE FACTS STATED IN IT ARE TRUE.

WITNESS:
(Witness must be a School District employee)

SIGNATORY:

Print Name:_____

Name:_____

Title:_____

Identification Verified (Include No.):

(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: _____