

# BROWARD COUNTY PUBLIC SCHOOLS

Affidavit of Person Acting as Parent – Haitian Creole

## AFIDAVI pou MOUN k'ap aji kòm PARAN

**ENSTRIKSYON:** Konfòmeman ak regleman *School Board Policy 5.1.*, bi fòm-la se pou verifye nan ki kondisyon yon moun ap aji kòm paran. Konplete afidavi sa a epi pote l nan lekòl elèv-la. Nou asepte sèlman fòm ki notarye. Prezante fòm-sa pa garanti anwolman elèv-la nan lekòl-sa. Se moun k'ap aji kòm paran ki dwe montre poukisa adrès rezidansyèl elèv-la pa yon obstak pou li anwole nan yon lekòl patikilye nan zòn nan epi pou se akòz sikonstans esepsonnèl elèv-la abite nan zòn-nan. Elèv san lojman pa kapab itilize fòm-sa-a.

*INSTRUCTIONS: The purpose of this form is to verify the status of a person acting as parent pursuant to School Board Policy 5.1. Complete this affidavit and submit to the student's school. Only notarized forms will be accepted. Submittal of this form does not guarantee enrollment at this school. The person acting as parent has the burden to show that the student's residence is not incident to the student's eligibility to enroll in a particular school's boundary and is due to extenuating circumstances. This form does not apply to homeless students.*

**SEKSYON I: Se sèl moun k'ap aji kòm paran/gadyen ki dwe konplete seksyon sa** (To be completed by the person acting as the parent/guardian).

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

Non Moun k'ap aji kòm Paran: \_\_\_\_\_  
(Name of Person Acting as Parent)

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

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

Adrès Rezidansyèl Moun k'ap aji kòm Paran:  
(Residential Address of Person Acting as Parent):

Non Ri-a: \_\_\_\_\_ Vil: \_\_\_\_\_ Zipkòd: \_\_\_\_\_

Nou konvni:

- M'ap aji kòm gadyen legal, nan yon relasyon parantal, oswa m ap egzèse otorite pou sipèvize timoun la (timoun-yo) nan plas paran li (paran yo).
- Mwen rezide aktyèlman nan Broward County nan adrès rezidansyèl ki deklare a, ansanm ak timoun-nan (timoun-yo) ki gen non-li (non-yo) site anwo a.
- Adrès rezidansyèl sa se rezidans prensipal timoun-nan(-yo), defini kòm kay timoun-nan(-yo) pase plis tan-li(-yo).
- Esepasyon kapab enkli sèten akò ak aranjman Tribinal-la apwouve pou Responsablite Parantal Pataje (*Shared Parental Responsibility*).
- **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 lentasyon twonpe vijilans yon anlwaye nan fonksyon ofisyèl-li, moun sa koupab yon deli dezyèm degre.
  - **Lwa 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.
- Yo mande mwen pou notifiye lekòl-la nan dis (10) jou sou tout chanjman fiti nan adrès rezidansyèl oswa nan aranjman rezidans pou timoun-sa (timoun-yo).

It is understood that:

- I am acting as the legal guardian, in a parental relationship, or exercising supervisory authority over the child(ren) in place of the parent(s).
- I am currently residing in Broward County at the declared residential address with the above-named child(ren).
- This residential address is the primary residence of the child(ren), defined as the home in which the child(ren) spend most of his/her (their) time.
- Exceptions may include certain court-approved agreements for Shared Parental Responsibility.
- **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.  
I am required to notify the school of any future changes in residential address or living arrangements for this child(ren) within ten (10) days.

Lwa Florida Statutes §1000.21 otorize, mwen kalifye pou m aji kòm "Paran" epi ranpli wòl-li nan sikonstans sila (tcheke youn):

Gadyen elèv-la (li obligatwa pou prezante papye ki pwouve ou se gadyen-a -legal guardianship-)

- Moun ki nan yon relasyon parantal (Prè obligatwa – deklarasyon alekri notarye, paran natirèl oswa gadyen ki esplike poukisa epi kijan moun sa ap aji kòm paran. Ekri pi ba a, adrès ak nimewo telefòn paran natirèl-la.)
- Moun ki egzèse otorite pou sipèvize yon elèv nan plas paran-li (Prè obligatwa – deklarasyon alekri notarye, paran natirèl (paran biyolojik) oswa gadyen ki esplike poukisa li pa kapab aji kòm paran epi ranpli wòl-li; deklarasyon-an obligatwa sòf nan ka regleman Policy 5.1 espesifye. Ekri pi ba a, adrès ak nimewo telefòn paran natirèl-la.)

Pran nòt: Distri a, direktè lekòl, oswa reprezantan-li kapab deside pa mande pou yon deklarasyon notarye nan ka paran natirèl oswa gadyen pa disponnib (egzanp timoun-nan abandonne, paran nan prizon, paran ap viv nan yon lòt peyi.)

*Pursuant to Florida Statutes §1000.21, I qualify as a person acting as "Parent" under the following circumstance (check one):*

- Guardian of student (legal guardianship papers are required)*
- Person in a parental relationship (Proof required – written notarized statement from the natural parent or guardian explaining why and how this person is acting as a parent. Provide address and telephone number of natural parent below.)*
- Person exercising supervisory authority over a student in place of a parent (Proof required – written notarized statement from the natural parent or guardian explaining why they are unable to perform in a parental role is required, except as stated within Policy 5.1. Provide address and telephone number of natural parent below.)*

*Note: The District, principal, or designee may waive the requirement for a notarized statement if the natural parent or guardian is unavailable (such as having abandoned the child, incarceration, or living in a foreign country).*

Paran natirèl/gadyen: Nimewo telefòn: \_\_\_\_\_

Non Ri-a: \_\_\_\_\_ Vil: \_\_\_\_\_ Zipkòd: \_\_\_\_\_

**Seksyon II: Se moun k'ap aji kòm paran ak yon notè piblik ki kapab ranpli seksyon-sa.**

*(To be completed by the person acting as parent and a notary public.)*

Kòm moun k'ap aji kòm paran, mwen rekonnèt timoun-nan (timoun-yo) ki gen non-li (non-yo) ki mansyone anwo a sou fòm sa, abite nan adrès sa men pa nan bi pou frekante yon lekòl nan zòn-nan, ki nan Broward County. Mwen dakò pote tout papye ak dokiman pou konplete fòm-alite ak pwosedi anwolman-an, jan regleman *School Board Policy 5.1* ekzije l. Mwen deklare mwen li dokiman sa epi tout deklarasyon ki site anwo a vre epi kòrèk.

*As the person acting as parent, I acknowledge that the above-named school-age child(ren) are residing at the address provided and not for the purpose of attending the corresponding boundaried school in Broward County. I agree to provide all additional required documentation to complete the enrollment process as required by School Board Policy 5.1. I declare that I have read this document and the above facts are true and correct.*

\_\_\_\_\_  
Siyati Moun k'ap aji kòm Paran  
*(Signature of Person Acting as Parent)*

\_\_\_\_\_  
Ekri an lèt enprimri non moun k'ap aji kòm Paran  
*(Print Name of Person Acting as Parent)*

\_\_\_\_\_  
Dat  
*(Date)*

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-la ki kapab konplete seksyon sa a. (To be completed by school staff. )**

Legal guardianship papers or notarized letter from natural parent/guardian:

- Received and approved       Received and referred to OSPA       Denied
- Waived. Reason: \_\_\_\_\_
- 30 Calendar Day Grace Period. Due Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_