



Seminole County Public Schools, Florida
Student Enrollment Information
Student Not Residing with Parent

DISTRICT OFFICE USE ONLY
Received:
School Informed:

School
School Year

Student's Last Name: First Name
Age Date of Birth: Grade:
School Last Attended: Name City State
Name of Person with whom student will be residing: Relationship
Address:
City: State: Zip:
Telephone Number: E-Mail Address:

Name of Student's Parent(s):
Telephone Number: E-Mail Address:
Address:
City: State: Zip:
\*If the student's parents are divorced or separated, the person named should be the parent having legal or actual custody. In the case that there is a court order, a copy must accompany this request and must be filed with the student's records at the school.

To be completed if student's parents are separated or divorced:
Name of Non-Custodial Parent:
Telephone Number: E-Mail Address:
Address:
City: State: Zip:

\*Per Student Progression Plan, please include a notarized Statement of Reason from the parent(s) stating the extenuating circumstances, which, by ordinary and reasonable standards, precludes the parent(s) from actually caring for the student.\*

APPROVED

DENIED

Signature of Executive Director Date

**Certificate of Parent  
(to be completed by parent)**

I/We \_\_\_\_\_ certify that I/We are the parent(s),  
or primary custodial parent, of \_\_\_\_\_  
I/We acknowledge that the child is residing with \_\_\_\_\_  
In Seminole County, Florida with my/our knowledge and consent and that he/she/they are  
persons who are exercising supervisory authority over said child in my/our place. I/We hereby  
under penalty of perjury, that all of the statements made herein are true and correct.

Parent(s) Signature: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, who is personally known by me or produced identification  
by \_\_\_\_\_, and who did take an oath.

Notary Seal

Notary Public Signature: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

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

**Certificate of Residential Adult  
(to be completed by person with whom student will be residing)**

I/We hereby certify under penalty of perjury that the child named in this document is residing in  
Seminole County, Florida with me/us as stated; that I/We am the person(s) exercising  
supervisory control over said child; and that the information contained herein is true and correct.

Residential Adult(s) Signature: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_, who is personally known by me or produced identification  
by \_\_\_\_\_, and who did take an oath.

Notary Seal

Notary Public Signature: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

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

**\*Per Student Progression Plan, please include a notarized Statement of Reason from the parent(s) stating the  
extenuating circumstances, which, by ordinary and reasonable standards, precludes the parent(s) from  
actually caring for the student.\***