



**FLORIDA DEPARTMENT OF EDUCATION  
OFFICE OF INDEPENDENT EDUCATION  
AND PARENTAL CHOICE  
IEPC – AFF1**

**AFFIDAVIT**

Page 1 of 1

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ (Name of Parent), who being duly sworn, attests that he or she is the parent or legal guardian of \_\_\_\_\_ (Name of Student), and that the signature below is his or her true and correct signature and is the signature that will be used to endorse warrants issued on behalf of the above-named student under the McKay Scholarship Program.

\_\_\_\_\_  
(SIGNATURE OF PARENT)

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (Name of Parent).

Personally Known  Or Produced Identification

Type of Identification Produced \_\_\_\_\_

NOTARY SEAL

\_\_\_\_\_  
(SIGNATURE OF NOTARY)

\_\_\_\_\_  
(PRINTED NAME OF NOTARY)

Parent's Address \_\_\_\_\_

Parent's Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Parent's Work Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please review the statutory parent and student responsibilities pursuant to Section 1002.39, Florida Statutes, which include, but are not limited to:**

Any student participating in the program must remain in attendance at a McKay approved school a minimum of 170 actual school days at the school's physical location, unless excused by the school for illness or other good cause.

Each parent and each student has an obligation to comply with the private school's published policies.

The parent to whom the scholarship warrant is made must endorse the warrant to the private school for deposit into the account of the private school. The parent may not designate any entity or individual associated with the participating private school as the parent's attorney in fact to endorse a scholarship warrant.

**MICHAEL D. KOOL, ESQ.**

*Executive Director*

*Office of Independent Education and Parental Choice*