

FLORIDA DEPARTMENT OF EDUCATION OFFICE OF INDEPENDENT EDUCATION AND PARENTAL CHOICE

IEPC – AFF1 Pursuant to Rule 6A-6.0970 Effective November 2009

AFFIDAVIT

Page 1 of 1

COUNTY OF			
Before me this day personally app	peared	(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 sign	nature and is the signature tha	
will be used to endorse warrants issued or	n behalf of the above-named student ur	nder the McKay Scholarship	
Program.			
	(SIGNATURE	(SIGNATURE OF PARENT)	
Sworn to (or affirmed) and subscri	ibed before me this day of	, 20, by	
(Name	e of Parent).		
Personally Known ☐ Or Produced Ider	ntification □		
Type of Identification Produced			
NOTARY SEAL			
	(SIGNATURE OF N	IOTARY)	
	(PRINTED NAME O	DF NOTARY)	
Parent's Address			
Parent's Home Telephone	Parent's Work Telephone	e	
Please review the statutory parent and stud include, but are not limited to:	lent responsibilities pursuant to Section	1002.39, Florida Statutes, which	
Any student participating in the program must i	remain in attendance at a McKay approved	school a minimum of 170 actual	

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

school days at the school's physical location, unless excused by the school for illness or other good cause.

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.

Adam Miller

Executive Director Office of Independent Education and Parental Choice