

AFFIDAVIT

STATE OF FLORIDA

County of _____

BEFORE ME, the undersigned authority, personally appeared _____ who being by me first duly sworn, deposes that:

- 1. Affiant is _____, parent or legal guardian of _____, and makes this affidavit on personal knowledge.
- 2. Affiant states that the child, _____, has completed a home education program, pursuant to the requirements of FL St. 1002.41.

FURTHER AFFIANT SAYETH NOT.

Signature of Parent or Guardian

STATE OF FLORIDA

COUNTY OF _____

SWORN TO and subscribed before me this _____ day of _____, 200__, _____.

(Name of person making this statement)

Signature of Notary Public – State of Florida

(Print, type or stamp Commissioned Name of Notary Public)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____