



**FLORIDA DEPARTMENT OF EDUCATION  
OFFICE OF INDEPENDENT EDUCATION  
AND PARENTAL CHOICE**

**AFFIDAVIT**

Date: \_\_\_/\_\_\_/\_\_\_ Affiant (Parent Name): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Work) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Before me this day personally appeared the above named affiant who, being duly sworn, attests to the following:

I have read and agree to abide by the following parent and student responsibilities pursuant to Section 1002.39, Florida Statutes, for my child, \_\_\_\_\_, to participate in the  
(insert student's first and last name)

McKay Scholarship Program: (Please initial on each line to indicate your agreement.)

\_\_\_\_\_ 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 restrictively 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.

\_\_\_\_\_  
(SIGNATURE OF AFFIANT)

\_\_\_\_\_  
(SSN)

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_, by  
\_\_\_\_\_ (Affiant). State of Florida, County of \_\_\_\_\_.

Personally Known  Or Produced Identification

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

NOTARY SEAL

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

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

**MICHAEL D. KOOL, ESQ.**  
*Executive Director*

*Office of Independent Education and Parental Choice*