Student Support Services

Truancy Affidavit for Parental Prosecution (Fla. Stat. §1003.27(7)(a)

(Elementary Age Children who have turned 6 years old by September 1st)

Child's Name:_____

Date of Birth:_____ Race:_____ Sex:_____

Please list below and attach records that show proof of the child's date of birth

- ☐ Copy of child's birth certificate
- ☐ Doctor's records
- ☐ Other:_____

Full name of parent(s) or legal guardian(s):_____

Please list below and attach records that show proof of the guardianship

- ☐ Copy of child's birth certificate
- ☐ Other:_____

Address of parent and child: _____

_____

School child has attended this school year:_____

Name of the current school's records custodian:_____

During the ___-___ school year, the child accumulated ___ unexcused & ___ excused absences, & ___ tardies.

During the 90-day period of _____-_____, the child accumulated ___ unexcused absences, & ___ unexcused tardies.

*(Documentation of absences are attached) [**NOTE**: 6 unexcused tardies/early releases are equal to 1 unexcused day]*

The parent(s)/guardian(s) were contacted on the following dates regarding the child's non-attendance:

Date	Type of Contact: Letter / Phone / Personal	By Whom

The child and parent were referred to the Educational Planning Team (EPT) on:_____

The parent ☐ did, ☐ did not attend the parent meeting with the Educational Planning Team on _____

The Educational Planning Team implemented interventions to address the problem, was diligent in facilitating services and all reasonable efforts to resolve non-attendance have been exhausted (documents from EPT meetings and interventions are attached). (Fla. Stat §1003.26(1)(d)).

The above information is true and correct to the best of my knowledge.

*(Affiant Signature)*_____

SWORN TO AND SUBSCRIBED before me, by means of ☐ physical presence or ☐ online notarization, this _____day of _____, 20___, by the Affiant herein, who ☐ is personally known to me, **or** who ☐ produced the following identification: _____

_____

Notary