

TWIN VALLEY SCHOOL DISTRICT
EMANCIPATED MINOR REQUEST

Today's Date: _____ Effective Date: _____
Student Name: _____ ID# _____
Student Social Security _____ - _____ - _____ Student Date of Birth: _____
Student Parent/Legal Guardian Name: _____
Address: _____
Phone: _____

I, _____, being less than 18 years of age, have chosen to establish a domicile or residence apart from the continued control and support of my parent(s) or guardian(s) and request to be considered an emancipated minor for the purposes of qualifying as a resident of the Twin Valley School District for purposes of attendance. I base my request upon the following information:

1. Are you married: ___ Yes ___ No
2. If so, please provide the full name and resident address of your spouse:

3. Are you currently living with your spouse: ___ Yes ___ No
4. If so, for what period of time have you continuously lived with you spouse?

5. Provide us with a copy of your Marriage License.
6. Please provide the full name and legal relationship to you of anyone with whom you are residing:

Name	Legal Relationship
_____	_____
Name	Legal Relationship
_____	_____
Name	Legal Relationship
_____	_____

7. Are you employed? ___ Yes ___ No
8. If so, provide the full name and address of your employer, and you weekly income:

Name	Address
_____	_____

Weekly Income: _____

9. If you are not employed, who or what is the source of your support: _____

Weekly Income: \$ _____

The above statements are true to the best of my knowledge. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. s4904 relating to unsworn falsification to authorities.

(Student Signature) _____
(Date)