

TWIN VALLEY SCHOOL DISTRICT

Parent / Guardian Affidavit

Commonwealth of Pennsylvania

:ss.

County of \_\_\_\_\_

I (We) the parent(s), guardian(s), or other person(s) having control or charge of \_\_\_\_\_, being duly sworn (or affirmed) according to law,

(Student Name)

depose and say that my (our) student \_\_\_\_\_, D.O.B. \_\_\_\_\_

(Student Name)

has not (has) been previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.

If \_\_\_\_\_ has been previously suspended or expelled for any of

(Student Name)

the above offenses, I (We) agree to provide Twin Valley School District with the name of the school from which has been suspended or \_\_\_\_\_ expelled and the

(Student Name)

nature of the offense.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

Date: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20

\_\_\_\_\_  
(Signature/Notary Public)

Notary Public My Commission Expires: \_\_\_\_\_