

**TWIN VALLEY SCHOOL DISTRICT
ACKNOWLEDGEMENT OF RESIDENCE WITH ADULT OTHER THAN NATURAL PARENT**

Today's Date: _____ Effective Date: _____

Student Name: _____ ID# _____

Student Social Security No. _____ Student Date of Birth: _____

Student's Legal Guardian Name: _____

Address: _____ Phone: _____

I, _____ the parent/legal guardian of _____,

acknowledge that the above- named student is/will be residing at the address listed below.

(Signature of Legal Guardian) (Date)

Property Address: _____

Property Owner Name: _____

Property Owner Telephone: _____

I/We, the property owner, do understand that I/we will now assume all personal obligations for the child relative to school requirements. I/We also acknowledge that I/we am/are supporting this child gratis and that I/we intend to keep and support the child continuously, not merely through the school term.

(Signature of Property Owner) (Date)

(Student Signature)
(Date)

Sworn and subscribed before me this _____ day of _____, 20_____.

Signature and Seal of Executing Officer

