

**TWIN VALLEY SCHOOL DISTRICT
ACKNOWLEDGMENT OF MAJORITY STATUS**

Today's Date: _____ **Effective Date:** _____

Student Name: _____ **I.D.#** _____

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

Address:

Phone:

I, _____ being 18 years of age, do request to be officially considered of majority status in relation to all school matters with the Twin Valley School District.

Student Name: _____ **ID#** _____

Student Social Security No. : _____

Student Date of Birth: _____

Student's Parent's/ Legal Guardian's Names _____

Student's Address: _____

Student's Phone: _____

I, _____, understand that I am now responsible for all student
(Student Name)
obligations and requirements while enrolled with the Twin Valley School District. I understand that false statements herein are made subject to penalties of 18 Pa. C. S. A. §4904 relating to unsworn falsification to authorities.

Date: _____

Student Signature

