# 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**