

TWIN VALLEY SCHOOL DISTRICT  
VERIFICATION OF CUSTODY  
STATEMENT OF RESPONSIBILITY

Today's Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ I.D.# \_\_\_\_\_  
Student Social Security No. \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_  
Student's Parent/Legal Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

We \_\_\_\_\_, residing at \_\_\_\_\_  
(Name of Responsible Person (s)) (Street, P.O. Box, Apartment #)

certify that the following statements are true and correct:

1. I am a resident of the Twin Valley School District and my telephone number is \_\_\_\_\_.
2. I am supporting \_\_\_\_\_ gratis.  
(Full Name of Student)
3. I will assume for the above-named child all personal obligations relating to school requirements, including responsibility as the person in parental relationship under the compulsory attendance laws.
4. I intend to keep and support the above-named child continuously and not merely through the school term.
5. I understand that the Twin Valley School District reserves the right to investigate any of the above statements to determine their validity and that if any portion of statements are found to be false, retroactive daily tuition may be charged for the period that the student attended classes in the District.
6. I understand that this Verification of Custody shall be valid for only one (1) school year and that the reapplication must be submitted annually.
7. I am aware that false swearing is a misdemeanor of the second degree and may be subject to a fine of not more than \$5,000, or imprisonment for not more than two years, or both.

COMMONWEALTH OF PENNSYLVANIA:  
: ss  
COUNTY OF \_\_\_\_\_:

Before me, the undersigned officer, personally appeared the above-named resident(s) of the Twin Valley School District who, being duly sworn according to law, depose(s) and say(s) that the foregoing statements are true and correct.

\_\_\_\_\_  
(Signature of Guardian/Responsible Adult) (Social Security Number)

\_\_\_\_\_  
(Signature of Guardian/Responsible Adult) (Social Security Number)

Sworn to and Subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_.

\_\_\_\_\_  
(Signature and Seal of Executing Officer)

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SCHOOL USE ONLY

Date received: \_\_\_\_\_ Approved: \_\_\_\_\_  
Date confirmed: \_\_\_\_\_ Rejected: \_\_\_\_\_

Twin Valley School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex and handicap in its activities, programs, or employment practices as required by Title VI, Title IX and Section 504. For information regarding civil rights or grievance procedures, contact Dr. Michael Leonard, Title IX Compliance Officer, Section 504 Coordinator, 4851 N. Twin Valley Road, Elverson, PA 19520, telephone 610-286-8689