

## DOWNINGTOWN AREA SCHOOL DISTRICT

## Birth Verification Form

I attest thatStudent	's Name	was born on	Date of Birth
			hospital, located in
	Hospital Name		
City	,	I agree to p	rovide a birth certificate within
thirty (30) days.			
Parent/Guardian Sig	gnature		
Date		<del></del>	
Notary Public Seal and	d Stamp		