

APPLICATION TO RECOGNIZE EMANCIPATED MINOR

- A. Instructions for the student who seeks recognition of Upper Adams School District as an emancipated minor.

1. Type or print the following information.

STUDENT'S NAME: _____
(Last Name) (First Name) (Middle Name)

ADDRESS: _____

MAILING ADDRESS (if different) _____

2. Enclose a photocopy of documentation (driver's license, rental agreement, W-2, etc.) to verify your place of residence.
3. Sign the following statement if true:

I swear that I am at least 17 years old, that I live in Upper Adams School District at the above indicated address, and that I am economically independent and solely responsible for paying my expenses, bills, financial obligations and all of my living expenses. I also certify that I accept all responsibility for complying with all the regulations and requirements of the school district and federal and state laws applying to the school that were my parents'/guardians' responsibilities prior to my emancipation.

SIGNATURE _____

DATE _____

B. Instructions for the student's parents/guardians:

If true, sign the following statement in the presence of a notary.

I declare that what the student declares and certifies above is true and correct.
I also renounce all rights that I have under the regulations and requirements of
the school district and under federal and state laws applying to the school
related to the education of the student and I recognize that those rights now
belong solely to the student.

SIGNATURE: _____ DATE _____
(Father/Mother/Legal Guardian)

ADDRESS: _____
Address P.O. Box City Zip Code

SIGNATURE: _____ DATE _____
(Father/Mother/Legal Guardian)

ADDRESS: _____
Address P.O. Box City Zip Code

SWORN TO IN THE PRESENCE OF _____
(NOTARY)

C. Approved for the School District by _____

Title: _____ Date: _____