## VERIFICATION OF ENROLLMENT



## PLEASE COMPLETE AND EMAIL OR FAX BACK UPON RECEIPT

Our records indicate that the following student withdrew from our school to enroll at your school, or your school has requested records from our school. We do not have records confirming this information. For PEIMS purposes PLEASE indicate if the student is enrolled at your campus. Any information will be greatly appreciated.

Student Legal Name:	
Student Date of Birth:	Gender: 🗆 Female 🗆 Male

## <u>RECEIVING SCHOOL</u> ------ PLEASE FILL IN THE INFORMATION BELOW This is to verify that the above named student has enrolled AT THIS SCHOOL

Campus Name:	School District Name:	
Address:	City:	State:
School Phone:	School Fax:	
Email:		
$\Box$ Yes, the student enrolled at this school of		
$\Box$ Yes, the student was enrolled at this sc	hool but has withdraw	n.
Date of enrollment (month, day, year)	_Date of withdrawal	(month, day, year)
□ Student <b>is NOT enrolled</b> at this school/i	institution	
School Official (Print Name):		
Signature:		
Title:		
If you have any questions or concerns, ple	ase contact at Housto	nISD:
Name:		

Title:\_\_\_\_\_

Phone Number:\_\_\_\_\_ Email:\_\_\_\_\_