

Tomball I.S.D. – kindly requests your assistance in verifying a student enrollment on your campus.

TO:		FROM:	
Receiving School:		Requesting School:	
<input type="checkbox"/> Texas Public School	<input type="checkbox"/> Texas Private School	<input type="checkbox"/> School OUTSIDE of Texas	
<input type="checkbox"/> Other:			

Please verify if the student listed below is currently or was enrolled at your campus.

Student's FULL Name:		DOB:	
Grade:		Texas Unique ID#:	
SSN#:	XXX-XX-	(last four digits only)	

Check the appropriate box below and:

Fax to: (_____) - _____ - _____ OR
 Email to: _____@tomballisd.net

NEW School Please Fill Out Information Below

<input type="checkbox"/> YES , the student is currently enrolled at this school.	Enrollment Date: _____
	➤ Records request sent on: _____
	➤ Will request records on: _____
<input type="checkbox"/> This student was enrolled at this school but has since Withdrawn from enrollment.	Enrollment Date: _____
	Withdrawn Date: _____
<input type="checkbox"/> The above student has never enrolled at this school.	

School Representative confirming Verification of Enrollment

 PRINT Name Signature Title Date

Tomball Independent School District Only

<input type="checkbox"/> YES , if oral statement taken and enrollment verified.	Date: _____	Time: _____
	Person spoke to: _____	Title: _____
	Student Enrollment Date: _____	

Student Records Requests Follow-up:

Date	Receiving School Contact	Time	Status	Followed-up By
		<input type="checkbox"/> AM <input type="checkbox"/> PM		
		<input type="checkbox"/> AM <input type="checkbox"/> PM		
		<input type="checkbox"/> AM <input type="checkbox"/> PM		