



Splendor Independent School District

Splendor High School
23747 FM 2090, Splendor, Texas 77372
281-689-8008 • Fax 281-689-8675

Name: _____

Maiden Name (If applicable): _____

SSN or SHS School ID#: _____

Date of Birth: _____

Year of Graduation or Withdrawal: _____

_____ Mail to Address Below

_____ Graduate

_____ Will Pick Up Transcript

_____ Withdrawn/Dropped Out

_____ Grade Level (withdrawn/dropped out)

NAME of INSTITUTION and MAILING ADDRESS:

1. _____
2. _____
3. _____
4. _____

Student Signature: _____
(If the student is under 18 years of age, a parent/guardian signature is required.)

Parent/Guardian Signature: _____

PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE or PHOTO ID WITH THIS REQUEST.