E-mail: emacias@dallasisd.org
Fax: (972) 925-3568

OFFICE USE ONLY
Vendor#_____
Date Processed:_____
Entered by: _____

CHECK ONE

Parent/Student ☐
Scholarship * ☐
(Payable directly to student)

*W-9 required for Scholarships

Dallas Independent School District

PARENT/STUDENT SET UP FORM

***INDICATES REQUIRED FIELD**

*Parent Name: _____

*Social Security Number: _____

*Mailing Address: _____ *City: _____ *State: _____ *Zip Code_____

*Student name: _____ *Student ID Number: _____

*E-mail Address: _____

*Are you, or have you ever been a Dallas ISD employee? _____ Separation Date: _____

*Parent Printed Name: _____

_____ _____
*Parent Signature *Date

CAMPUS/DEPARTMENT APPROVAL

Dallas ISD Campus/Department must complete and approve the form

*Campus/Department Name: _____ *Campus/Department Org: _____

*Contact Person Name: _____ *Contact Person Phone #: _____

*Contact Person email: _____

*Brief Description of refund: _____

Campus Principal or Department Director/Exec. Dir or Chief:

_____
*Printed Name

_____ _____
*Signature *Date

Revised 04/16