



BEAUMONT INDEPENDENT SCHOOL DISTRICT  
BEAUMONT, TEXAS



**ENROLLMENT/ATTENDANCE VERIFICATION FORM**

Student Name:	School Year:
Student ID#:	Campus Last Enrolled:
Student DOB:	Last Grade Level:
Student SS#:	Date of Withdrawal:

Dear Registrar/School Official:

The following information is requested to properly code our district's attendance/withdrawal/leaver records. Your assistance with providing us this information is greatly appreciated. If additional information is needed, please contact:

1. Is/Was the above-named student enrolled in your school district during the prior or current school year?  Yes  No

2. Name of Campus: \_\_\_\_\_ Campus ID#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

3. Date of enrollment and/or withdrawal if applicable:

Enrollment Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of School Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

Please Fax, Email or Mail this form to:

<p>Beaumont Independent School District Student Services Department 3395 Harrison Avenue Beaumont, TX 77706 Fax: 409-617-5194</p>
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