

**LA JOYA INDEPENDENT SCHOOL DISTRICT  
STUDENT ENROLLMENT VERIFICATION FORM**

FAX TO: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE#: \_\_\_\_\_

FAX#: \_\_\_\_\_

The following information is being requested in order to track those students that have withdrawn from La Joya ISD and documented the intention to enroll in your school / district. Your assistance in returning this inquiry as soon as possible is appreciated.

Name of School/District/Program: \_\_\_\_\_

Reference: Name of Student: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date of Withdrawal at La Joya ISD: \_\_\_\_\_

Other Information: \_\_\_\_\_

Has the above mentioned student enrolled in your school/district?  Yes  No

Date of Enrollment: \_\_\_\_\_ Grade Level \_\_\_\_\_

School Name/School Stamp: \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Print Name of School Personnel

\_\_\_\_\_  
Signature of School Personnel

**Please fax this form to:**

\_\_\_\_\_  
Campus Name

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
School Personnel Name & Title

All withdrawal with Code 80 require follow-up: 1<sup>st</sup> Attempt @ 3 days / 2<sup>nd</sup> Attempt: @ 6 days / 3<sup>rd</sup> Attempt: @ 9 days of initial withdrawal date. Complete a Student Enrollment Verification Form for each attempt and file in Red Folder.