SAN FELIPE DEL RIO

Consolidated Independent School District

REVISED ON 09/17/2020

MEMBERSHIP VERIFICATION TRACKING FORM

Student Legal Name: _____

Date of Birth: _____

TSDS Number: _____

Grade: _____

This is to verify that the student above is a member or no longer a member of your school district. Please fill out the applicable sections below.

Date of Verification: _____

Date Enrolled: _____

Date Withdrawn: _____

School Name: _____

Address: Phone: _____

Comments: _____

_____

Verified By: _____

Title: _____

PLEASE RETURN AS SOON AS POSSIBLE TO:

_____

Your cooperation is greatly appreciated.

Section below for SFDRCISD use only.
Reconcile through TSDS processing and retain in the students records.

Verified enrollment in TSDS: _____
Verified withdrawal in TSDS: _____
Verified no record in TSDS: _____