



Braswell High School

Parents: Please fill out form and return along with a copy of your photo ID to mbartels@dentonisd.org

 My Student will NOT be returning to Braswell High School for the 2020-21 school year.

Student Name: _____ ID #: _____

Parent/Guardian Name: _____

Guardian Email: _____ Primary Phone #: _____

Name of New School (city & state): _____

Parent/Guardian Signature: _____ Date: _____

While my child was a student at Braswell High School, textbooks, classroom books, library books, school id's, uniforms and other school property may have been checked out to him/her. I understand that I am responsible for returning these items or paying to have them replaced if they were lost or stolen while in my child's possession. Additionally, if my child owes fees for a club or until all items/fines/fees are returned or cleared.

PAYMENTS MUST BE IN THE FORM OF CASH OR MONEY ORDERS ONLY

OFFICE USE ONLY

<input type="checkbox"/> Photo ID	<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Library books _____
<input type="checkbox"/> Athletics	<input type="checkbox"/> Band/orchestra/choir	<input type="checkbox"/> Text books _____
<input type="checkbox"/> ROTC	<input type="checkbox"/> Credit Recovery _____	