

Braswell High School

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

Student Name:		ID #:
Parent/Guardio	an Name:	
Guardian Emai	l:	Primary Phone #:
Name of New S	School (city & state):	
Parent/Guardio	an Signature:	Date:
school id's, uniford I understand that they were lost or s	ms and other school property may I am responsible for returning the stolen while in my child's possessi	have been checked out to him/her. se items or paying to have them replaced if
school id's, uniford I understand that they were lost or so or until all items/f	ms and other school property may I am responsible for returning the	se items or paying to have them replaced if on. Additionally, if my child owes fees for a
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