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FACSIMILE TRANSMITTAL SHEET

TO:

FROM:

SCHOOL:

DATE:

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

To Whom It May Concern:

Our records indicate that the following student withdrew to enroll at your school. We do not have any records confirming this information. For PEIMS purposes, please let us know if this student is enrolled at your campus. Any information will be greatly appreciated. Thank you.

Student Name: _____

Date of Birth: _____

Grade Level: _____ (2014-2015 school year)

Please fax the following information:

Date of Enrollment: _____

Campus Name: _____

Authorized Signature: _____
