

NACOGDOCHES ISD
ENROLLMENT/WITHDRAWAL INFORMATION

Please check one:

I would like to enroll _____ or withdraw _____ my child.

Guardian Name: _____

Guardian Phone Number: _____

Student Name: _____

Student ID (if applicable): _____

Grade: _____

Address: _____

Student Date of Birth: _____

Language spoken in the home: _____

Special Programs: _____

Previous District: _____

Previous Campus: _____

Date you would like your child to be enrolled: _____

Date you would like your child to be withdrawn: _____

You will need the following information in order to enroll your child:

- Withdrawal Form
- Current Shot Record
- Birth Certificate
- Social Security Card
- Proof of Residency

Please allow two to three business days for someone to contact you.
If you have any questions, please email sjones@nacisd.org