



Brownsville Independent School District
 Department of Pupil Services
Residence Verification Report



DATE: _____

PEIMS #	Date Of Birth	Student Name	SCHOOL	GRADE	Campus Liaison Signature and Date

SAMPLE

Parent Name: _____

Address _____ Phone Number _____

Verification Results

Document to verify: Residence Power of Attorney Other _____

Parent\Guardian Signature _____

Residence Result Valid Address _____ Date _____ Time _____

Attempts to Verify Left Department of Pupil Services Card _____ Date _____ Time _____

Second visit: _____ Date _____ Time _____

Invalid Address _____ Date _____ Time _____

DEPARTMENT OF PUPIL SERVICES
BROWNSVILLE IND SCHOOL DISTRICT
708 PALM BLVD., 123 548-8371

Provide Department of Pupil Services with current address
 Status Moved to (new address) _____

Additional Comments

CC - Campus
 CC- Dept. of Pupil Services