

TROUP INDEPENDENT SCHOOL DISTRICT

Phone: (903) 842-3067

P.O. Box 578

Troup, Texas 75789

Fax: (903)842-4563

Student(s) Name: _____

Parent's Name: _____

Student(s) Lives in: District _____ Campus _____

Student(s) Attended Prior Year: District _____ Campus _____

I do not live in the Troup ISD School District; however, I wish for my child/children to be allowed to attend Troup ISD for the 2019-20 School Year for the following reason(s):

Parent's Name: _____

Parent's Signature: _____

Date: _____

TISD Use Only:

Date Received: _____

Person Receiving Form: _____