 

 **Dr. Jesus H. Chavez Ricardo Rivera**

 **Interim Superintendent Director**

BISD Adult Continuing Education Consortium for Cameron County

**Personal Identifiable Documents (Expired)**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did not meet the following entrance criteria due to an expired item or lack of the following:

Check those that apply: [ ]  Lack of Social Security card

|  |
| --- |
| [ ]  TX DL /ID[ ]  Matricula[ ]  Visa[ ]  Passport[ ]  Other \_\_\_\_\_\_\_ |
|  |

Brownsville ISD Adult Education Center has ensured student’s missing/incomplete documentation has been justified contingent on BISD Policy.

 Reason for missing documentation

 Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: Student agrees to provide an updated/current document in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days from today’s date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Initials

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Brownsville Independent School District Adult Continuing Education Department 708 Palm Blvd. Brownsville, Texas 78520 Phone: (956) 548-8175, Fax: (956) 548-7904

Form 4A