

FAX TO (972) 925-4170



Dallas Independent School District

PARENT/GUARDIAN/STUDENT REFUND OR SCHOLARSHIP FORM

PARENT/GUARDIAN NAME _____

Social security #: _____ (required field)
(Parents/Guardians must provide a student name and ID for refund)

STUDENT NAME _____

Student ID# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DISD E-Mail Address _____

(An e-mail address must be provided, if you would like to be notified of vendor number)

OFFICE USE ONLY

Vendor # _____

Date: _____

Reason for setup– (Please describe the reason for parent/student setup)
Setup for scholarships require a W-9 or copy of Social Security Card.

Parent/Guardian/Student Signature _____ Date _____