2020-2021



Brownsville ISD



Oral Statement Form

Directions: Use this form to document an oral statement by an adult neighbor or other adult with knowledge of the family's whereabouts. The form must be signed and dated by an authorized campus or district administrator. This form is to be used as a supporting document for leaver code W16 only. *Keep the signed, original form in the student's PRC*

Student Name:	Student ID #:			_
Part 1: The student (check the appropriate b	oox)			
☐ Is a No Show ☐ Is Moving/ Has Moved to a New Addres ☐ Withdrew from our school (list date)	Street Address Date	City	State Zip	o Code
Part 2: The statement (Please complete)				
Today, (date)at approximately (time) _	I spoke with (name)			
who is the (relationship)	to the above named student.			
The person giving the statement (Check one):				
\square is an adult (18 years or older).	\square is NOT an adult (you	nger than 18 years).		
She/he stated that the above named student (C	in	-		
On (exact or approximate date) Date	·	City	State	
☐ Has returned to home country	City	Country		
Signature of person giving the statement (if in pe	erson):			
District Use Only				
Name of district staff taking the statement	 Title			
Administrator's Signature				

BISD does not discriminate on the basis of race, color, national origin, sex, religion, age, disability or genetic information in employment or provision of services, programs or activities.

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