



2555 North IH-35
Round Rock, TX 78664
tel: (512) 660.5230
fax: (512) 660.5231

www.mwschool.org

Verification of Enrollment Request Form

Date _____

Student Full Name _____

Student Date of Birth _____

Type – check one below:

Permit/Driver License

Other – Use the below space to enter the details for the information needed in the letter

This form can be emailed, faxed or submitted in person.

Email to admin@mwschool.org

Fax to 512-660-5231

Submit in person to Primary or Secondary Front Office