

Ernesto Rodriguez
P.O. Box 920 / 1050 Chicken Ranch Road
San Elizario, Texas 79849
Phone: 872-3900 Fax: 872-3904
erodriguez@seisd.net



Fax

To:	From:
Fax:	Pages:
Phone:	Date:
Re:	cc:

AS PER YOUR REQUESTED FAX THE FOLLOWING SERVICES WERE PROVIDED

Student's Name: _____ DOB _____ Local ID _____

Grade _____ School _____

School Supplies Provided: _____

Services Provided: (Glasses/Medical/Dental): _____

PEIMS Notification on: _____

Additional comments/notes: _____

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