

SENATOBIA MUNICIPAL SCHOOL DISTRICT

104 McKie Street
Senatobia, MS 38668

Declaration of Student of District Employee Enrollment

Name of Employee _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employee's Position _____

Employee's Place of Work _____

Student(s) attending Senatobia Municipal School District:

Student's Name	School Attending	Grade	Date of Birth	Age

I understand that if I am no longer employed by the Senatobia Municipal School District my child(ren) will no longer be able to attend school(s) in the district unless I actually reside in the district.

Signature of Employee Date

Signature of Principal Date

Signature of Superintendent Date