

## Jacksboro ISD Student/Teacher Memorial Courtyard Name Addition

Information of person wishing to add a name:

Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

---

Number of Students \_\_\_\_\_

Name(s) of Former Student(s) and graduation year: Please clearly enter the students name exactly how you want it to appear on the memorial. **Example: First name, Last name 1950**

First Name	Middle name or initial	Last Name	Graduation Year from JISD

Number of Teachers \_\_\_\_\_

Name of former teacher(s) and year(s) of teaching: Please clearly enter the teacher name exactly the way you want it to appear on the memorial. **Example: First name, Last name 1950-1980**

First Name	Middle name or initial	Last Name	Years Taught at JISD

**Please mail or email form to JHS Ex-Students' Association:**

Mail:

Jacksboro High School

Attn: JHS Ex-Students' Association

1400 N. Main

Jacksboro, TX 76458

Email:

[lsholman2013@gmail.com](mailto:lsholman2013@gmail.com)

**Please enclose a check for \$300 for each name made payable to:  
JHS Ex-Students Association**