Fort Bend Independent School District

Stephen F. Austin
3434 Pheasant Creek Dr
281-634-2017
AHSRegistrar@fortbendisd.com

INTENT TO WITHDRAW

(Must be completed by parent / legal guardian of student)

Name of Student: _____ Student ID:_____

Birth Date: _____ Grade: _____ Last day of attendance:_____

Reason for withdrawal/no show: _____

Moving from (present address): _____

Moving to (new address): _____

Cell Phone:_____ Email Address: _____

Student Cell Number:_____

Student will enroll in:

_____
Name of new school

_____
Address   City   State   Zip

Please Check One

☐ Texas public school
☐ Texas private school
☐ School *outside* of Texas
☐ Return to *home country*
☐ Home School
☐ Other _____

Parent/Legal Guardian signature:_____ Date: _____

Campus Principal Signature:_____ Date: _____

For Office Use Only: (Completion Plan)

Counselor/Drop Out Completion Coach signature:_____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE IMMEDIATELY.