



Fort Bend Independent School District

Stephen F. Austin
3434 Pheasant Creek Dr
281-634-2016/281-327-2016
marian.mingen@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.