



# Fort Bend Independent School District

John Foster Dulles High School  
550 Dulles Avenue  
Sugar Land, TX 77478  
Ph: 281-634-5600  
Fax: 281-634-5862

## INTENT TO WITHDRAW & ENROLL DOCUMENT

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

Name of Student: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Last day of attendance: \_\_\_\_\_

Permanent residence is with?  Both parents  
 Father  
 Mother  
 Guardian

Reason for withdrawal/no show: \_\_\_\_\_

Moving from (present address): \_\_\_\_\_

Moving to (new address): \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Student will enroll at:

\_\_\_\_\_  
Name of new school

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

This school is a (please check one):  Texas public school  
 Texas private / parochial school  
 Public / private school *outside* of Texas  
 Public / private school in *home country*  
 Other \_\_\_\_\_

Parent/legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THIS COMPLETED FORM TO **Sheryl Parker Registrar, FAX: 281-634-5682**