Fort Bend Independent School District

HIGHTOWER HS
3333 HURRICANE LN
MISSOURI CITY, TX 77459
(PH)281-634-5258
(FAX)281-634-5340
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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:_____ Did student return Laptop:_____

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.