

**FORT BEND ISD ACADEMY
VOLUNTARY WITHDRAWAL FORM**

Date/Time Field

This form must be sent to the Coordinator from the parent email address or delivered to her office with a parent signature.

Student Name: (Last Name, First Name)

Student ID#: Grade Academy Program

Zoned Middle School: Zoned High School:

School you will attend for next year:

Address:

City: Zip Code:

PLEASE SELECT THE STATEMENT THAT BEST DESCRIBES YOUR REASON FOR WITHDRAWING

- | | | |
|--|---|---|
| <input type="checkbox"/> Moving out of FBISD | <input type="checkbox"/> Moving into the host school zone | <input type="checkbox"/> Transportation concerns |
| <input type="checkbox"/> To avoid removal | <input type="checkbox"/> Concerned about class rank | <input type="checkbox"/> Dissatisfied with host HS |
| <input type="checkbox"/> Academics are overly burdensome | <input type="checkbox"/> Dissatisfied with Academy program and curriculum | <input type="checkbox"/> Academy requirements are overly burdensome |

Please further explain your selection

STUDENT SURVEY

Please complete the information below. Your answers provide us with valuable feedback to continue to improve the program.

What was the best part of your experience in the academy?

What was the worst part of your experience in the academy and what are your suggestions on how to improve ?

PARENT SURVEY

Please complete the information below. Your answers provide us with valuable feedback to continue to improve the program.

How effective do you feel the communication between the Academy leadership and parents was?

How much support do you feel the academy gave you and your child?

Please provide us with any other comments or concerns about the program.