

**Global Studies Academy**  
**Voluntary Withdrawal Form**

Date/Time Field \_\_\_\_\_

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

Student Name: (Last Name, First Name) \_\_\_\_\_

Student ID#: \_\_\_\_\_

Grade: \_\_\_\_\_

Zoned Middle School: \_\_\_\_\_

Zoned High School: \_\_\_\_\_

School you will attend next year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**PLEASE SELECT THE STATEMENT THAT BEST DESCRIBES YOUR REASON FOR WITHDRAWING**

Moving out of FBISD

Moving into the host school zone

Transportation Concerns

To avoid removal

Concerned about class rank

Dissatisfied with THS

Academics are overly burdensome

Dissatisfied with Academy Program and curriculum

Academy requirements are overly burdensome

**Please explain your selection further:**

**Student Survey**

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

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_