

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

Student Name: (Last Name, First Name)

Date:

Student ID#:

Grade:

Academy Program:

Zoned High School:

I want to withdraw from the academy:

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Moving out of FBISD             | <input type="checkbox"/> Transportation concerns           | <input type="checkbox"/> To avoid removal                   |
| <input type="checkbox"/> Concerned about class rank      | <input type="checkbox"/> Concerned about GPA               | <input type="checkbox"/> Dissatisfied with host school      |
| <input type="checkbox"/> Academics are overly burdensome | <input type="checkbox"/> Dissatisfied with Academy Program | <input type="checkbox"/> Academy requirements too demanding |

Please further explain:

**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.

Parent Signature:

Student Signature: