Fort Bend Independent School District

Fort Settlement Middle School
5440 Elkins road
Sugar Land, TX 77479 Phone
281-634-6444
Fax 281-634-6458

INTENT TO WITHDRAW 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 Principal signature: _____ Date: _____

Registrar signature: _____Date: _____

PLEASE RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE IMMEDIATELY.
Ansen.Sobrinho@fortbendisd.com