**Fort Bend Independent School District**

# Christa McAuliffe Middle School

# 16650 South Post Oak Houston, TX, 77053

# Office: 281-634-3402/ Fax: 281-327-3429

# Wanda.Blackmonclark@fortbendisd.com

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please**

**Check**

**One**

Student will enroll in:

Name of new school

Address

City

State

Zip

 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 Secondary Only: (Completion Plan)**

Counselor/Drop Out Completion Coach signature: Date:

**PLEASE RETURN THIS COMPLETED FORM TO THE REGISTRAR’S OFFICE IMMEDIATELY.**