**Fort Bend Independent School Distri**

**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 Staff Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Secondary Only: (Completion Plan)**

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