



# Fort Bend Independent School District

Juan Seguin Elementary School  
7817 Grand Mission Blvd.  
Richmond, TX 77407  
Tel: 281-634-9850  
Fax: 281-327-7029

## INTENT TO WITHDRAW & ENROLL 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 staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO Nancy Craig, ADA Clerk**  
**Please note that 24-hour notice is required.**