



Fort Bend Independent School District

Heritage Rose Elementary
363 Glendale Lakes Drive
Rosharon, Texas 77583
281 327-5400
Fax-281 327-5401

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 Lorena Lizalde, Registrar, fax 281 327-5401