



# Fort Bend Independent School District

## *Sartartia Middle School*

*8125 Homeward Way, Sugar Land, TX 77479*

*281-634-6323, Office/281-634-6365, Fax*

*courtnei.turner@fortbendisd.gov*

### 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: \_\_\_\_\_

Student will enroll in:

\_\_\_\_\_  
Name of new school

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Please  
Check  
One**

\_\_\_\_\_  
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.**