



## Fort Bend Independent School District

ALMETA CRAWFORD HIGH SCHOOL

801 CALDWELL RANCH BLVD, ROSHARON, TX 77583

PH: (281)327-6730 FAX: (281)327-6731

### INTENT TO WITHDRAW

*(Must be completed by parent or 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 at: \_\_\_\_\_

*(Name of new school)*

School Address: \_\_\_\_\_

*(City, State, Zip Code)*

**Please  
Select  
One**

\_\_\_\_\_  
If you selected other: \_\_\_\_\_

Parent / Legal Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Campus Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For Secondary Only:

Counselor/Drop Out Caseworker signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE IMMEDIATELY OR EMAIL TO:**

Primas.Washington@fortbendisd.gov or Kelly.Cortez@fortbendisd.gov