



Fort Bend Independent School District

Lawrence E. Elkins High School

Ph. 281-634-2621/ Fax. 281-327-2621

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 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.