



Fort Bend Independent School District
HIGHTOWER HIGH SCHOOL
3333 HURRICANE LN, MISSOURI CITY, TX 77459
PH: (281)634-5240 FAX: (281)634-5340

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:
wendie.bussell@fortbendisd.com