



Fort Bend Independent School District

Ridge Point High School

500 Waters Lake Blvd.

Missouri City TX, 77459

Ph. 281-327-5268/ Fax. 281-327-5206

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 <i>outside</i> of Texas		
	_____ Return to <i>home country</i>		
	_____ 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.