



Fort Bend Independent School District

Fort Settlement Middle School

5440 Elkins road

Sugar Land, TX 77479 Phone

281-634-6444

Fax 281-634-6458

INTENT TO WITHDRAW DOCUMENT

(To be completed by parent / legal guardian of student)

Name of Student: _____

Birth Date: _____ Grade: _____ Last day of attendance: _____

Permanent residence is with? _____ Both parents

_____ Father

_____ Mother

_____ Guardian

Reason for withdrawal/no show: _____

Moving from (present address): _____

Moving to (new address): _____

Phone number: _____ Cell Number: _____

Student will enroll at:

Name of new school

Address

City

State

Zip

This school is a (please check one): _____ Texas public school

_____ Texas private / parochial school

_____ Public / private school *outside* of Texas

_____ Public / private school in *home country*

_____ Other _____

Parent/legal guardian signature: _____ Date: _____

Campus Principal signature: _____ Date: _____

Registrar signature: _____ Date: _____

PLEASE RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE IMMEDIATELY.

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