



# Fort Bend Independent School District

*Quail Valley Middle School*

*3019 FM 1092 Road*

*Missouri City, TX 77459*

*Office: 281-634-3618*

*Fax: 281-327-3618*

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## 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.**  
**constance.rutherford@fortbendisd.com**