



# Fort Bend Independent School District

**Christa McAuliffe Middle School**

16650 South Post Oak Houston, TX, 77053

Office: 281-634-3402/ Fax: 281-327-3429

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## 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 Cell Number: \_\_\_\_\_

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)**

☐ **COMPUTER RETURNED**

☐ **CHARGER RETURNED**

☐ **INSTRUMENT RETURNED**

Counselor/Drop Out Completion Coach signature: \_\_\_\_\_ Date: \_\_\_\_\_

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