



Fort Bend Independent School District

George Bush High School

6707 FM 1464, Richmond, TX 77407

Phone: 281-634-6060/Fax: 281-327-6194

BHSRegistrar@fortbendisd.com

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 Office Use Only: (Completion Plan)

Counselor/Drop Out Completion Coach signature: _____ Date: _____

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