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## **INTENT TO WITHDRAW**

**I am withdrawing my child from the Plano Independent School District for the reason listed below. I am the legal guardian of this student. I plan to enroll him/her in the school named below on or about the date indicated.**

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Expected Date of Withdrawal from Plano ISD: \_\_\_\_\_

Name of Plano ISD School: \_\_\_\_\_

Withdrawal Reason: \_\_\_\_\_

Expected Date of Enrollment at Next School: \_\_\_\_\_

Name and Address of Next School:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If withdrawing to attend College in an academic program, indicate whether you will be a full time student enrolled in at least 9 hours:  Yes  No

If moving, please provide a forwarding address if known:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Administrator/Title

\_\_\_\_\_  
Date

*(PISD school records will be sent upon request from next school.)*