

INTENT TO WITHDRAW

I am withdrawing my child from the Highland Park 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: _____
Present Grade Level: _____ Student ID# _____
Expected date of withdrawal from HPISD: _____
Name of Highland Park ISD School: _____
Withdrawal Reason: _____

Expected date of Enrollment at Next School: _____

Name and Address of next school:

Phone / Fax number: _____

If moving, please provide a forwarding address and or phone number if known:

Printed Name of Parent or Legal Guardian Relationship

Signature of Parent or Legal Guardian Date

Signature of District Official Title

(HPISD records will be sent upon request from next school)