



PEARLAND INDEPENDENT SCHOOL DISTRICT WITHDRAWAL FORM

The purpose of this document is to inform parents and/or guardians of their responsibility when withdrawing a student from Pearland ISD and to document the intent of the parent/guardian at the time of withdrawal. Please read below and sign and date this document as a way of acknowledging your receipt and understanding of the information regarding your student.

- I understand that I must declare my intent for withdrawing a student.
- I understand that I must be the parent/guardian on record of the enrolled student.
- I understand that it is my responsibility to adhere to state laws and school district policies as they pertain to student withdrawals.
- If my intent is to enroll my student in another school district, I understand that the receiving school district must request records from Pearland ISD **within ten (10) days from the date of withdrawal**. If no request for records is received within the 10 days, **Pearland ISD will file truancy charges against the parent or guardian.** ____ (initial)
- I understand that if I **do not enroll** my student in another school district, my student **will be considered a drop-out (grades 7-12)** and will be reported by both the state of Texas and the federal government as such. ____ (initial)
- If the student is enrolled in a GED program (age 16 and up), the student will be required to have a GED certificate by August 31, of the year of withdrawal or will be **reported as a drop-out** by both the state of Texas and federal government. ____ (initial)

_____ Student First Name	_____ Student Last Name	_____ Student ID
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_____ Student Birthdate (mm/dd/yy)	_____ Campus	_____ Grade
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Withdrawal Reason

_____ New School	_____ New District
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_____ New City	_____ New State
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_____ Parent/Guardian Signature	_____ Date
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_____ Parent/Guardian Email	_____ Parent/Guardian Phone
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