

Highland Park Independent School District
INTENT TO WITHDRAW

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

Student's legal first name _____ Middle _____ Last _____

Birthdate _____ Student's ID # _____

Present grade level _____ Teacher's name (elementary only) _____

Name of current HPISD School AR BO BR HY UP IS MS HS

Expected date of withdrawal from HPISD _____

Expected date of enrollment in next school _____

Withdrawal reason _____

Name and address of next school:

Name _____

Address _____

City _____ State _____ Zip _____

Contact number _____ Phone Fax

Email address (optional) _____

Contact person (if known) _____

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

Name _____

Address _____

City _____ State _____ Zip _____

Contact number _____ Home Cell

Email address _____

Printed name of parent/ legal guardian/ adult student

Relationship

Signature of parent/ legal guardian/ adult student

Date

Signature of District official

Title

HPISD records will be sent upon request from next school.