

INTENT TO WITHDRAW

Plano Senior High School
2200 Independence Parkway
Plano, Texas 75075

**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:

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

**** Please return this form to the Registrar's Office ****
Records will be sent for your student promptly upon written request from the receiving school.
Registrar Fax Number - 469 752 9423

PLEASE USE THIS FORM IF YOU ARE MOVING OUT OF PLANO