

# **INTENT TO WITHDRAW**

**Shepton High School  
5505 West Plano Parkway  
Plano, Texas 75093**

**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: \_\_\_\_\_

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

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

Please provide a forwarding address if known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Printed Name of Parent or Legal Guardian

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Relationship

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Signature of Parent or Legal Guardian

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Date

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Signature of School Administrator/Title

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Date

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\*\*\*\* 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 7621

**PLEASE USE THIS FORM IF YOU ARE MOVING OUT OF PLANO**