



Lamar CISD Student Withdrawal Request

(must be completed by parent/legal guardian of student)

Student Name _____ Student ID# _____

Birth Date _____ Grade _____ Last day of attendance _____

Reason for withdrawal _____

Parent Name _____ Phone Number _____

Student will enroll in:

School	District
<input type="checkbox"/> Texas Public School (W80)	
Please <input type="checkbox"/> Texas Private School (W81)	
Check <input type="checkbox"/> School <i>outside</i> of Texas (W82)	
One <input type="checkbox"/> Home School (W60)—also need to complete Letter of Assurance form	
<input type="checkbox"/> Return to <i>home country</i> (W16)	
<input type="checkbox"/> Other _____	

Parent/Legal Guardian Signature _____ Date _____

BELOW For SCHOOL use only:

Documentation for Withdrawal when no parent signature on withdrawal form:

Records Request/TRex request from _____
Name of School

Signed statement/Email statement from Parent/Legal Guardian with copy of parent ID.

Statement from School Official with signature from _____
School Official Name

*Oral statement from _____ *(must have statement below or attached)

Attach above documentation to withdrawal form.

Comments (verification information and statements)

Superintendent's designee Signature _____ Date _____