



2561 FM 544 LEWISVILLE, TX 75056 ☐ PHONE: 469-713-5977 ☐ FAX: 214-626-1714

**INTENT to WITHDRAW Mid-Year**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,

who is a KMS 6 7 8 grader, request that my child be withdrawn from KMS. Today is \_\_\_\_\_

The student's last **full** day at Killian Middle School will be: \_\_\_\_\_.

The student will be: (please check the appropriate choice below)

- Moving out of Lewisville Independent School District to the \_\_\_\_\_ district.
- Attending \_\_\_\_\_ Private School. Family has not moved.
- Moving out of KMS zone to \_\_\_\_\_ Middle School in LISD.
- Moving out of Texas to the following state or country: \_\_\_\_\_
- Home schooled using the \_\_\_\_\_ curriculum.

Please ensure all KMS-owned items distributed to your child, such as **course/ library books, Ipad (w/ working cord/charger/protective case), choir clothes or a school instrument**, are turned in to the office. Any items not returned **must be paid for** (cash or check only) before withdrawal papers will be generated.

If your student has a positive **lunch balance**, the remaining amount may be sent to you if you call Child Nutrition at 469-713-5207. If your student owes money on their lunch account, the balance must be paid before withdrawal papers will be given.

Remind your student to empty out their **school locker** and their **gym locker** of all personal items.

Parent Signature: \_\_\_\_\_ Relationship to child? \_\_\_\_\_

Print Student's Name: \_\_\_\_\_ Parent Cell Ph #: ( ) - \_\_\_\_\_

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Name of relative who would know how to locate you if necessary to send test scores, grades, etc:

Name: \_\_\_\_\_ Phone# ( ) - \_\_\_\_\_

Address: \_\_\_\_\_