



STAMP or SPACE College Preparatory Academy

Brownsville Independent School District
 1905 E. 6th St. Brownsville, Texas 78520 (956) 698-1713



Withdrawal Form

Student's Last Name: _____

Student's First Name: _____

ID#: _____

Grade: _____

School: _____

Initial One

I am choosing to withdraw my son/daughter from the STAMP or SPACE academy. I understand that once he/she withdraws from the academy he/she will ***not*** be able to re-enter.

My child is being withdrawn due to non-eligibility for the STAMP or SPACE academy. I understand that once he/she is withdrawn from the academy he/she will ***not*** be able to re-enter.

 Parent Name (Print)

 Parent Signature

 Student Name (Print)

 Student Signature

Date: _____

Office use:

CPO	Date of the meeting with student & parent
Lab Manager	Date of code removal

Lab Manager will scan & email the completed form to the STAMP/SPACE Administrator