



COMPLETE WITHDRAWAL REQUEST FORM

Name: _____ ID#: _____

Date of Birth: _____ Passport No: _____

Class/Grade: _____ Last date of attendance: _____

Mobile: _____ Email: _____

All withdrawal request must be in writing. The effective date of withdrawal is the date when withdrawal is submitted. Tuition fee and security refund if any will be based on the date when this form is submitted.

Reason for the withdrawal: _____

I understand that I am responsible for any educational or financial impact of my son/daughter withdrawal from the school and I will clear all the dues before requesting the school leaving certificate, if applicable.

Date: _____

Parent's Signature: _____

For Office Use Only

Following signatures are required for an official withdrawal to be completed.

1. Class Teacher: _____ Date: _____

2. Principal: _____ Date: _____

3. Accountant: _____ Date: _____

I have received all the Refund Money, if any, (Received: SR _____)
and settled all issues with school and nothing due now to school.

(Signature of the Receiver of the Money)