



NOTICE OF WITHDRAWAL

Definite

Provisional

Student's Name: _____

Grade _____

Name of Parent/Guardian: _____

Address: _____

Date of Withdrawal: _____

Reason for Withdrawal (please tick):

Change of Residence	<input type="checkbox"/>	Leaving Country	<input type="checkbox"/>
Academic Difficulty	<input type="checkbox"/>	Parent Dissatisfaction	<input type="checkbox"/>
Financial Decision	<input type="checkbox"/>	Other	<input type="checkbox"/>

Other (please specify) _____

Name and Address of School Student Transferring to: _____

Forwarding Address: _____

Parents Signature: _____ Date: _____

As a matter of policy, the School requires one (1) full trimester's notice of withdrawal to the Admissions Office or the payment of one (1) full trimester's fees is due in lieu of proper notice for you to remain in good financial standing with the School.

For Office use ONLY: Date Received: _____

Received By: _____

Circulation: Head of School Director of Finance

