



# STUDENT WITHDRAWAL FORM

This form must be completed and handed in to the school secretary 3 months prior to the child's last day of school

FAMILY INFORMATION			
Withdrawal Date			
Full name of Parent / Guardian			
Child's full name		Class	
Child's full name		Class	
Child's full name		Class	
Child's full name		Class	
Child's full name		Class	
FULL FORWARDING ADDRESS			
Street and number			
Postcode			
City			
Country			
New telephone number			
REASON FOR WITHDRAWING			
<input type="radio"/> Transferring to another school or college		<input type="radio"/> Returning to home country	
<input type="radio"/> Transferring to another International School		<input type="radio"/> Going to school or college in another country	
NEW SCHOOL			
Name of new school			
Address			
Contact person			
Email address			
RECORDS NEEDED			
<input type="radio"/> 2 years of academic records		<input type="radio"/> 3 years of academic records	
<input type="radio"/> Other (please specify)		<input type="radio"/> Transfer document	
..... ..... PARENTS / GUARDIAN SIGNATURE: ..... .....			

FOR SCHOOL USE ONLY	
Date received: .....	Letter of confirmation sent: .....
Last date at school: .....	Signed by Deputy Head: .....