STUDENT WITHDRAWAL REQUEST FORM

|  |  |
| --- | --- |
| Name of student |  |
| Student no. (ifapplicable) |  |
| Date of birth |  |
| Tel no. |  |
| Class |  |
| Date of commencement |  |

I wish to request to withdraw from my course of study. I understand the school’s withdrawal policy which is on the school’s website.

Effective date of withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if this is unfilled, the effective date of withdrawal will be the date this form is received by the school)

Note:

1) Withdrawal means the student contract is terminated and the student is no longer a student of this school.

2) A transfer to another private school is also regarded as a withdrawal from the course of study at this school.

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SIGNED by the Student’s parent or legal guardian

Signature and date:

Name of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NRIC / Passport No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE

|  |
| --- |
| Refund, if applicable |
| Remarks by Principal  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Principal Date |

|  |  |  |
| --- | --- | --- |
|  | Done by: | Date: |
| * + Issue of TC |  |  |
| * + Issuance of refund |  |  |
| * + Cancellation of the student pass, if applicable |  |  |
| * + Cancellation of FPS provider |  |  |
| * + Service standard met?   The school sets a service standard of 4 weeks or less for assessing and replying to any request for withdrawal. | YES | NO |