

STUDENT WITHDRAWAL REQUEST FORM

Name of student	
Student no. (if applicable)	
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: _____

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:
<input type="checkbox"/> Issue of TC		
<input type="checkbox"/> Issuance of refund		
<input type="checkbox"/> Cancellation of the student pass, if applicable		
<input type="checkbox"/> Cancellation of FPS provider		
<input type="checkbox"/> 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