

School Withdrawal Form

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|--|------------------------|-------|
| Name of student (First name - last name) | | |
| Date of birth | | Grade |
| Address | | |
| Postal code | Place/City | |
| Telephone | E-mail | |
| Last day of school | Name of the new school | |
| Reason(s) for withdrawal | | |
| We give permission to pass on needed information about the student to the new school | | |
| Please mark your choice with "X" | Yes | No |

Please return the completed form to the Principal

Note:

***The notice period for handing in the Withdrawal Form is one month, starting from the next following 1st of a month.**

*By delivering this form, you confirm that your child automatically loses his/her school place, and that you are always required to do a new application if you need a school place.

| | |
|------|---------------------|
| Date | Parent(s) signature |
|------|---------------------|