



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 | |
| Reason(s) for withdrawal | |

Please return the completed form to the Principal

Note:

***The notice period for handing in the Withdrawal Form is one 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.

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

