

# Kau Yan School (primary section)

## Application for Withdrawal of Study

### IMPORTANT NOTES

The notice period for application for withdrawal shall not be less than two months, and one-month tuition fees shall be paid. The school starts counting from the date of receiving the written notification ◦

### Section I : Student Particulars

Student Name : \_\_\_\_\_

Class: \_\_\_\_\_ Class No: \_\_\_\_\_

Contact No : \_\_\_\_\_ Email Address : \_\_\_\_\_

### Section II : Reason for Withdrawal

I hereby confirm you of my decision to discontinue my study with effect from \_\_\_ / \_\_\_ / 20\_\_\_ due to the following reason: (Please choose the main reason for withdrawal of study  only One box)

Continue study in another School (please specify) \_\_\_\_\_  Financial reason

Family Reason(s)  Health reason(s)  Mainland Study

Emigration (please specify) \_\_\_\_\_  Oversea Study (please specify) \_\_\_\_\_

Others (please specify) \_\_\_\_\_

### Section III : Declaration

**I declare that the information given in this form is true and correct. I fully understand and agree with the "IMPORTANT NOTES" of this form.**

Name of Parent/Guardian \_\_\_\_\_ Signature of Parent / Guardian : \_\_\_\_\_ Date : \_\_\_\_\_

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**This column is filled in by the school**

### Section IV : Procedure

Step	Administrative Office	Matter for Clearance	Remarks
1	Approval by the Principal	<input type="checkbox"/> Received the notice of withdrawal, grant approval for withdrawal of study since the # First/Second semester of 20___ / ___ Principal Signature : _____ Date : _____	
2	Account	<input type="checkbox"/> Student has paid off the tuition fees on _____(Date). <input type="checkbox"/> The school has returned the fee from eClass (\$ _____) on _____(Date).	
3.	Learning Centre	<input type="checkbox"/> Student has returned and refund all books overdue fines (if any) on _____(Date)	
4	Registry	<input type="checkbox"/> The school has contacted related teachers on _____(Date) <input type="checkbox"/> The school has renewed the school student record on _____(Date)	
5	Others		
6	EC approval	Name : _____ Signature : _____ Date : _____	