



WITHDRAWAL FORM
STUDENT USING ANY PAID FACILITY / ACTIVITY
SESSION - _____

STUDENT NAME: _____

CLASS: _____ **ADMISSION NUMBER:** _____

DATE OF BIRTH: ____/____/____

ADDRESS OF COMMUNICATION:

PARENT NAME: _____

CONTACT DETAILS: _____

PARENT CONSENT FOR ACTIVITY/FACILITY TO BE WITHDRAWN: YES NO

DETAILS OF ACTIVITY/FACILITY TO BE WITHDRAWN:

My ward is presently enrolled with or using _____ for the session mentioned above. I hereby provide my consent to discontinue the same with immediate effect or with effect from _____

By signing this document, parents agree:

- I am ready to pay the pending or due amount to the school for the above-mentioned activity, if any. The school reserves the right to debar my ward from availing any other paid facility until such dues are cleared.
- I understand that any student activity is enrolled on a yearly basis and no refund/settlement is applicable in this regard.
- I understand that the any facility like meal/transport/other is enrolled according to quarterly basis and no refund/settlement is applicable in this regard.

Parent/Guardian signature: _____

Date: _____