



WITHDRAWAL FORM

Pre-school: Please note that two months' notice is required or two months' fees in lieu of notice.

PYP 1- MYP 4: Please note that three months' notice is required or three months' gross fees in lieu of notice.

Please type or use block capitals

Name of student(s): _____

_____ **Class:** _____

_____ **Class:** _____

_____ **Class:** _____

Last day in school: _____

Contact address for further communication will be:

_____ **from (date):** _____

E-mail address: _____

Student's new school will be: _____

Reason for leaving: _____

Date: _____ **Parent's/Guardian's signature:** _____

Date: _____ **Parent's/Guardian's signature:** _____

Note that this form automatically withdraws your child from after school care. No additional form is required.

**PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE OR BY EMAIL TO
bism.admissions@bladins.se**