

Student Withdrawal Notice

Name

Reg.No: RC/00000412

Please be informed that my child/children as listed below will be withdrawn from ISB.	The last day of school will be on
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Year Group

Code		Name					
					□ISB	☐ Residence	□ CIL
					□ISB	☐ Residence	□ CIL
					□ISB	☐ Residence	□ CIL
					□ISB	☐ Residence	□ CIL
REASON	S FOR WITHDRAW	VAL (Please check all that a	oply)				
□ Job Tra	ansfer	☐ Family Reasons	☐ Financial Reasons	s □ Returr	ning Home		
☐ Dissatis	sfied with ISB	☐ Medical Reasons	☐ Personal Reasons	S			
☐ Transfe	erring to other school	ol (School Name:)
☐ Other (please explain)						
In order t	o heln ISB hetter	serve student in the future,	nlease respond to the	following questio	ns.		
		s education do you think were					
i. VVIIdi a	areas or your crilius	s education do you trillik were	e trie strongest in trien tr	ne at ISB?			
							
2. Which	areas stand out as	s areas ISB could improve?					
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1							_
							_
3. Other	comments						
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Terms & Conditions

Parent/Guardian Signature

Family

- Parents who intend to withdraw their children from the school for any reason must give at least one (1) term's notice in order to be able to qualify for their refundable deposit.
- The deposit will only be returned when all accounts are settled; all books and curriculum materials returned to the School in acceptable condition.
- In the absence of the sufficient notice, one term's fees will be charged.



















Date







