



WITHDRAWAL FORM (Malay Special Programme)

ATTN: Malay Special Programme Co-ordinator

Bukit Batok Secondary School
50, Bukit Batok West Avenue 8,
Singapore 658962.
Tel: 6379 9413
Email: bbss@moe.edu.sg

Name of Student (as on IC): _____

Name of School: _____

School Class: _____

Centre Class: _____

IMPORTANT: THIS FORM MUST BE RETURNED TO BUKIT BATOK SECONDARY SCHOOL
BEARING THE SCHOOL PRINCIPAL'S SIGNATURE OVERLEAF.

PART A: To be completed by the Student's *Parents/Guardians.

1. NOTICE OF WITHDRAWAL

I would like my *child/ward to withdraw from the Malay Special Programme.

Name of *Parent/Guardian

Signature of *Parent/Guardian

Date: _____

2. REASONS FOR WITHDRAWAL (Pls indicate reasons)

PART B: To be completed by the School Principal

3. I *recommend/do not recommend that this pupil's application for withdrawal be approved.

School Stamp

Principal's Signature

Date: _____

PART C: To be completed by Bukit Batok Secondary School

4. This pupil's application for withdrawal is *approved / not approved.

Comments:

Date: _____

Bukit Batok Secondary School**Pls delete where applicable*