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| **KETERANGAN PINDAH SEKOLAH** | | | | |
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|  |  |  |  |  |
| **Nama Peserta Didik : ${nama\_siswa}** | | | | |
|  |  |  |  |  |
| **Tanggal** | | **Kelas yang Ditinggalkan** | **Alasan** | **Tanda Tangan Kepala sekolah, Stempel Sekolah dan Tanda Tangan Orang Tua/Wali** |
| ${tanggal\_pindah} | | ${nama\_kelas} | ${alasan\_pindah} ke ${sekolah\_tujuan}, ${kota\_tujuan} |  |
|  | |  |  | ${kota\_sekolah},  ${tanggal\_surat} |
|  | |  |  | Kepala Sekolah |
|  | |  |  |  |
|  | |  |  | ${nama\_kepala\_sekolah} |
|  | |  |  | NIP. ${nip\_kepala\_sekolah} |
|  | |  |  |  |
|  | |  |  | Orang Tua/Wali |
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| **KETERANGAN PINDAH SEKOLAH** | | | | |
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| **Nama Peserta Didik : ${nama\_siswa}** | | | | |
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| **No.** | **MASUK** | | | |
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| 1. | Nama Peserta Didik | |  |  |
|  | Nomor Induk | |  | …………., ……………………………………. |
|  | NISN | |  | Kepala Sekolah |
|  | Nama Sekolah | |  |  |
|  | Masuk di Sekolah ini : | |  |  |
|  | a. Tanggal | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | b. Di Kelas | |  | NIP. |
|  | c. Tahun Pelajaran | |  |  |
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| 1. | Nama Peserta Didik | |  |  |
|  | Nomor Induk | |  | …………., ……………………………………. |
|  | NISN | |  | Kepala Sekolah |
|  | Nama Sekolah | |  |  |
|  | Masuk di Sekolah ini : | |  |  |
|  | a. Tanggal | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | b. Di Kelas | |  | NIP. |
|  | c. Tahun Pelajaran | |  |  |
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|  |  |  |  |  |
| 1. | Nama Peserta Didik | |  |  |
|  | Nomor Induk | |  | …………., ……………………………………. |
|  | NISN | |  | Kepala Sekolah |
|  | Nama Sekolah | |  |  |
|  | Masuk di Sekolah ini : | |  |  |
|  | a. Tanggal | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | b. Di Kelas | |  | NIP. |
|  | c. Tahun Pelajaran | |  |  |
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| Mengetahui | | |  | ………………., ………………………………….. |
| Orang Tua/Wali | | |  | Guru Kelas |
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| ………………………………………………….. | | |  | ………………………………………………….. |
|  |  |  |  | NIP……………………………………………… |
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|  |  |  | Mengetahui |  |
|  |  |  | Kepala Sekolah |  |
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|  |  |  | ………………………………………………….. |  |
|  |  |  | NIP……………………………………………… |  |
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