STUDENT WITHDRAWAL FORM

I, _________________________________ mother/father/guardian of _________________________
(Parents name) (Child’s name)

class ________________ is withdrawing my son/daughter from AICS.

His/ Her last day at AICS will be: ________________________________
(Date)

Please tick whichever is applicable:

☐ Attending another school __________________________________________________________
(Name of school)

☐ Moving interstate: ______________________________________________________________
(Name of state)

(Name of school)

☐ Moving overseas: __________________________________________________________________
(Name of country)

☐ Other reason for leaving AICS: (please specify)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Parent’s signature: _______________________________________________________________

Date: _______________________________