

## Australian Islamic College of Sydney 33 Headcorn Street, MT DRUITT, NSW 2770 TEL: (02) 9677 2613 FAX: (02) 9677 2648

Email: <u>info@aics.nsw.edu.au</u>
Website: <u>www.aics.nsw.edu.au</u>

## STUDENT WITHDRAWAL FORM

I,	mother/father/guardian of
(Parents name)	mother/father/guardian of(Child's name)
class is wi	thdrawing my son/daughter from AICS.
His/ Her last day at AICS w	(Date)
Please tick whichever is a	pplicable:
Attending another school	(Name of school)
Moving interstate:	(Name of state)
	(Name of school)
Moving overseas:	(Name of country)
Other reason for leaving A	AICS: (please specify)
Parent's signature:	
Date:	