

Student Withdrawal Form

l,			parent(s) and/or Caregiver(s) of
(par	ent's name)		
, , , , ,	,		class
(child	's name)		
am w	ithdrawing my son/daug	hter from Australian Islami	c College of Sydney.
His/ F	ler last day at AICS will be		
Please	e tick whichever is applic	·	te)
	Attending another school		
	, and the second	(name of school)	A :
	Moving interstate:		
		(name of state)	
		(name of school)	
_	Moving oversees		
	Moving overseas:	(name of country)	
	Other reason for leavi	ng AICS: (please specify)	
		S/SD	8.3
			680
ассер			emic Reports through SEQTA Engage and I understand and the requested report after my childs withdrawal date.
Paren			Date:
		Student Administra	tion Office Use Only
Application Received by:			Date:
Contact ID:			Arrears:
Fee(s) Adjusted?			Last date of Attendance:
Informed HoS:			Moved to Alumni:
Signature:			Verified by:
Con	nments:		