|  |  |
| --- | --- |
| **TRUE WAY PRESBYTERIAN KINDERGARTEN** | |
| **156-B STIRLING ROAD** | |
| **SINGAPORE 148947** | |
| **TEL : 6471 0781** | |
|  |  |
| **WITHDRAWAL FORM**  To: The Principal  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(IC no \_\_\_\_\_\_\_\_\_\_\_) parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (class\_\_\_\_\_\_\_\_\_\_) would like to withdraw him/her from  True Way Presbyterian Kindergarten. His/Her last day will be on \_\_\_\_\_\_\_\_\_\_\_\_\_\_. | |
|  |  |

Reason for withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tick where appropriate:-

□ I understand that the deposit of $100 will be forfeited as I did not give the required one month’s notice.

□ I understand that the deposit of $100 will be refunded to me as I have

given the required one month’s notice. The cheque is to be made in favour of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date and Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_