



WITHDRAWAL FORM

REFUNDABLE DEPOSIT

1.1 To entitle for a full refund of deposit, a **1 calendar month's withdrawal notice (withdrawal form)** must be submitted to the admin office. Otherwise, the deposit will be forfeited.

The submission date of the withdrawal form **should not exceed the first day of the month.**

Example:

- a. If parent submits the withdrawal form on 31 October, then the last day for the child is 30 November.
- b. If parent submits the withdrawal form on 1 November, then the last day for the child is 30 November.
- c. If parents submits the withdrawal form after 1 November, eg. 2 November, then the last day for the child is 31 December.

1.2 The school fee is payable in full during the notice period including the last month of attendance.

1.3 The refund shall be made through Baby Bonus Giro or Cheque within 1 month after the last day of school.

Name	Current Class	Birth Cert No./FIN No.
Contact Number	Is Your Child Holding a Student Pass card? (Please tick your option) <input type="radio"/> No <input type="radio"/> Yes Note: Parents should surrender child's student pass card to Immigration & Checkpoint Authority for cancellation within 7 days.	
WITHDRAWAL FOR THE CURRENT YEAR	WITHDRAWAL FOR THE COMING YEAR	
Last day in the centre : _____	My child is enrolled in : <input type="radio"/> Playgroup <input type="radio"/> Pre-Nursery <input type="radio"/> Nursery <input type="radio"/> K1 <input type="radio"/> K2	
WITHDRAWAL REASON <input type="radio"/> Logistic issue <input type="radio"/> Shifting house <input type="radio"/> Poor health <input type="radio"/> Unable to adjust <input type="radio"/> Curriculum preference <input type="radio"/> Returning to homeland <input type="radio"/> High learning needs (Additional needs) <input type="radio"/> Financial circumstances <input type="radio"/> Others, please specify _____		
_____ Name of father/mother/guardian (Name as per your bank account for indicating on the cheque refund if any)	_____ Signature	_____ Submission Date

OFFICIAL USE		
ADMINISTRATION		ACCOUNTS
Receipt Date of Withdrawal Form	Sufficient Notice Given <input type="radio"/> Yes <input type="radio"/> No	Deposit amount to be refunded (if any)
Collection <input type="radio"/> Self-collection at the office Date _____ <input type="radio"/> By Post Date _____	Checklist <input type="radio"/> Withdraw from Attendance <input type="radio"/> Cancellation with ICA	Payment mode <input type="radio"/> Cheque Cheque number _____ Payee name _____ <input type="radio"/> Baby Bonus Giro Transaction Date _____
Remarks		

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