



## SCHOOL WITHDRAWAL FORM

Please return the completed form to the Reception three months prior to your child's last day of school.

I (Parent/Guardian) : \_\_\_\_\_ hereby withdraw

The student's name : \_\_\_\_\_

Student's class : \_\_\_\_\_

Student's CPR #/DOB : \_\_\_\_\_ from

International School of Hellerup:  SFO/ASCP:

The last school day will be on: \_\_\_\_\_ The last SFO/ASCP day will be on: \_\_\_\_\_

Reason(s) for withdrawal:

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I will print out all necessary school reports before my child's last school day (ManageBac will not be accessible after your child's last day). understand that I will be charged 400kr per report I will need after my child's last day of school.

Name & Address of New School: \_\_\_\_\_

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Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Deposit:** In order to get the school deposit refunded, please return the "Deposit Refund Form" signed by all required instances two days before the last day of school.

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_:

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To be confirmed by the office:

Form received: \_\_\_\_\_ Signed: \_\_\_\_\_