



**INTERNATIONAL
SCHOOL OF
BERGEN**

ISB TERMINATION OF PRE-SCHOOL / SCHOOL SEAT

ISB class : _____

Child's name : _____

Child's personal number : _____

Last day of school : _____

Forwarding address : _____

Relocate to which school : _____

For information regarding termination dates and payment of tuition please refer to the ISB Tuition Payment Schedule.

Date: _____

Signature of Parent/Guardian: _____