



A separate written notice via email to info@ics.edu.sg or in letter form needs to be sent (at least 14 days before withdrawal date) prior to the completion of this form.

Submit this withdrawal/clearance form to the ICS Main Office **a week before the student's last day of school**. The school reserves the right to withhold the student's future transcripts/reports if prior clearance from the school has not been completed.

ICS is committed to maintaining the confidentiality of all information provided by you and undertakes not to divulge any personal information without your consent unless otherwise authorized by law and will not disclose any personal information to third parties for marketing purposes.

Student's Name: _____ Grade: _____ Last Day of School: _____

Forwarding Address: _____

Authorization:

For Parent: I hereby authorize ICS to transfer all the school records of my child to the next school upon an official request from the school.

For Student: I understand that my school email account and data on the server will be deleted with immediate effect.

Parent's Signature	Date	Student's Signature (MS & HS)	Date																																																
Step 1. Reason For Withdrawal (please tick, as applicable)		Step 2. Clearance From Classroom (Note: MS/HS students are responsible for returning ALL classroom materials, emptying their lockers, and getting their teachers' signatures for clearance.)																																																	
<input type="checkbox"/> Moving Overseas <input type="checkbox"/> Returning to Home Country <input type="checkbox"/> Health Reasons <input type="checkbox"/> Financial Reasons <input type="checkbox"/> Family Emergency <input type="checkbox"/> Transferring to another school in Singapore: <input type="checkbox"/> Home school <input type="checkbox"/> Local School <input type="checkbox"/> Another International School Name of school: _____ <input type="checkbox"/> Social or Cultural concerns <input type="checkbox"/> School Facilities <input type="checkbox"/> Location of Campus <input type="checkbox"/> Extra-curricular Activities <input type="checkbox"/> Teacher's Performance <input type="checkbox"/> Academic Rigor <input type="checkbox"/> Administrative Leadership <input type="checkbox"/> Others: (Pls. Specify) _____		Homeroom Teacher/Advisory Teacher: _____ Locker Cleared? <input type="checkbox"/> Yes <input type="checkbox"/> No <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:25%;">Teacher</th> <th style="width:25%;">Subjects</th> <th style="width:25%;">Classroom Materials RETURNED</th> <th style="width:25%;">COMMENTS and/or SIGNATURES</th> </tr> </thead> <tbody> <tr> <td>Homeroom/Advisory Teacher:</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td>Director of Teaching & Learning: Karla Cienfuegos</td> <td>ALL Textbooks must be returned to Ms. Cienfuegos</td> <td></td> <td></td> </tr> </tbody> </table>		Teacher	Subjects	Classroom Materials RETURNED	COMMENTS and/or SIGNATURES	Homeroom/Advisory Teacher:																																								Director of Teaching & Learning: Karla Cienfuegos	ALL Textbooks must be returned to Ms. Cienfuegos		
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Step 3. Office Check-Out (Please visit the various offices and get the necessary signatures.)		INITIAL	DATE																																																
Accounting/Business Office	<input type="checkbox"/> <input type="checkbox"/>	All Finances Cleared? Fee Protection Insurance Cancelled?	Please take this opportunity to provide concerns, suggestions and comments you may have about the school (use back page, if needed). All information will be kept confidential and will be viewed by relevant ICS officials only. Alternatively you may email to: info@ics.edu.sg . Your input is very valuable in helping ICS plan better for the future. Thank you! Withdrawal Form Completed: Name & Signature by an ICS Officer: _____ Date: _____																																																
Registrar's Office	<input type="checkbox"/>	Academic Records/Transcripts Archived?																																																	
Admissions Office	<input type="checkbox"/>	Student Pass Cancelled & Status Checked? <i>(for Student Pass Holders only)</i> Singaporean Citizen: MOE notified of the withdrawal?																																																	
Library	<input type="checkbox"/>	Library Books Returned / Fines Cleared?																																																	
Front Office	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Student ID Card Returned? Parent ID Card Returned? Parking Sticker Returned? Campus Card Account NOT negative? <i>Note on the Campus Card REFUND: Students have 30 days from the last day of school to request a refund of the Campus Card balance. The request must be made in writing by email or letter. If a request is not received within 30 days, campus card balance is forfeited.</i> <input type="checkbox"/> Withdrawal survey completed?																																																	
Safety & Security Manager	<input type="checkbox"/>	Back gate access cancelled?																																																	
IT Office	<input type="checkbox"/>	Technology devices returned / School software uninstalled? <i>(HS Only)</i> <i>Note: Email accounts will be closed thirty (30) days after departure.</i>																																																	
Health Center	<input type="checkbox"/>	Medical equipment / medicines returned?																																																	