



Notification of Withdrawal

Please complete this form and return it to the Admissions Office at admissions@dovercourt.edu.sg. We shall activate all exit procedures on receipt of your formal notification. Fill out all sections (type or print in capital letters). The Withdrawal Policy is outlined on the Student Contract and in the Parent Handbook.

| Contact Information: | |
|---|--------------------------|
| Building / block / house # | |
| Street name | |
| Postal code | Home telephone |
| | |
| Student Information: | |
| Family / last name | |
| Student given / first name | Class |
| Student given / first name | Class |
| Student given / first name | Class |
| Last day of school | |
| Current email address | Forwarding email address |
| Going to (new school name) | City / country |
| New correspondence address | |
| Please briefly explain your reason for leaving DCIS | |
| | |
| Would you be willing to act as a reference for DCIS in future? | |
| We hope that your child has had a successful and enriching stay at DCIS, and we wish you and your family the very best in the future. | |
| I understand that my child has to return all school belongings (text/library books, musical instruments, etc.) on or before his/her final day o school at DCIS. | |
| Parent / guardian's name | Signature |
| Date | |