

Application Form (TC/LC/CC/HC)

Date: - _____

Academic Year: - _____

Parent code: - _____

Dear Sir / Madam,

I, _____ the Parent / Guardian of

Name _____ Year / Grade _____ Section _____

Student ID _____ Joining Date _____ Last Date _____

Hereby request you to issue **Transfer / Leaving / Continuation / Holistic Certificate**

Within UAE: _____ School name: _____

Outside UAE: _____ School name: _____

Leaving Reason: _____

Clearance from all Departments

Department	Name	Signature	Date	Notes
Section Head				
Library / Store				
Transportation Dept.				
Principal				
Admission / Parent relation				
Account Dept.				
KHDA / SPEA Coordinator				

Refund Policy: - Refund / Transfer will be done within 21 working days which will be done in the guardian's name as registered in the school system.

سياسة استرداد المبلغ: - سيكون استرجاع الاموال او تحويل المبلغ (لصاحب الحساب) في غضون 21 يوم عمل التي سيتم اصدارها لصالح اسم الوصي كما هو مسجل في نظام في نظام المدرسة.

Parent / Guardian Name :- _____ Date:- _____

Parent / Guardian signature: - _____

Mobile Number: - _____