

WITHDRAWAL FORM

Date:-

**The Principal/Headmistress,
St.Albans School
Sector-15, Faridabad,**

Subject: Request for Transfer Certificate

Dear Madam

This is a request to issue Transfer Certificate of my ward. The details are given below:

Name of the student _____

Class/Section _____

Father's Name _____

Mother's Name: _____

Date of withdrawal _____

Reason for leaving the school:

Thanking you

Your faithfully

Father's Sign _____ Ph. no- _____

Mother's Sign _____ Ph. no- _____

Note:- Both father & mother signature is mandatory.

Co-ordinators Sign: _____

Headmistress Sign: _____