**INDIAN SCHOOL AL BURAIMI**

**TEL NO. 25643220 GSM : 92413556**

**Application for TRANSFER CERTIFICATE**

**(To be filled in by Parent & Submit in Office)**

**From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Parent’s Full Name in Resident Card)**

**Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class: \_\_\_\_\_\_\_\_\_\_ Sec: \_\_\_\_\_GR.No.\_\_\_\_\_\_\_\_**

**Dear Sir,**

**I wish to withdraw my son/daughter from the school with effect from (Date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.The**

**reason for the withdrawal is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Therefore, I request you to issue a Transfer Certificate to my child and a Refundable Deposit of RO. \_\_\_\_\_\_ to return to me. It is understood that the payment of Refundable Deposit will be approximately 15 days from the date of submission of application form.**

**Thanking You,**

**Parent’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

1. **Class teacher’s report/ remark on attendance:**

**Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class : \_\_\_\_\_\_\_\_\_\_ Sec: \_\_\_\_\_GR.No.\_\_\_\_\_\_\_\_**

**From (Admission Date) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To( Last attended to School) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of days attended: \_\_\_\_\_\_\_\_\_\_, Number of school working days: \_\_\_\_\_ Total : \_\_\_\_ /\_\_\_\_\_**

**Class teacher’s remark about progress of studies & behavior: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Keep the Report card & Mark card Ready and delete student’s name from the register)**

**Name of Class teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign:\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

1. **Office /Accounts payment details:**

**Name of the Student :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class : \_\_\_\_\_\_\_\_\_\_ Sec: \_\_\_\_\_GR.No.\_\_\_\_\_\_\_\_**

**TC No.\_\_\_\_\_\_ Cheque No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cheque Date:\_\_\_\_\_\_\_\_\_PV No:\_\_\_\_\_\_Ro:\_\_\_**

**Cheque Payee: Father’s /Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Principal’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**