INDIAN SCHOOL AL BURAIMI

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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any other child/children of yours is/are studying in the school

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl No. | Name of the Student | Gr No. | Class | Sec. |
|  |  |  |  |  |
|  |  |  |  |  |

FOR OFFICE USE ONLY

1. Clearance from Librarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Clearance from Science Lab:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Class teacher’s report/ remark on attendance: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:

School Fee Paid / Due if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Refundable Cheque 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accountant’s Signature :

Principal’s Signature

Application Received \_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TC Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TC & Cheque Received By :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_