



Leaving Student Clearance Form

Student name:		Student ID:
Grade:		Last day at SZPAB:
Reason for withdrawal :		
New school:		
Mobile:		
<p>Will be withdrawn from SZPAB for the school term/year. As a part of our ongoing efforts to improve our standards, we would appreciate it if you could fill in your reason for withdrawal and return this form to the school Registrar</p> <p>تم تأكيدكم لعدم الرغبة في استكمال دراسة ابنكم/ابنتكم معنا ورغبتكم بالانسحاب من أكاديمية الشيخ زايد الخاصة للبنين انطلاقاً من سعينا المتواصل في تطوير مهارتنا وجهودنا فنسكون من الشاكرين لكم اكمال نموذج طلب الانسحاب واعادته الى مسؤولة التسجيل في الأكاديمية</p>		
Parent Signature		توقيع ولي الأمر
_____		_____

Please return to Admissions Office		
Final reports will not be released unless the below section is completed and signed		
School Department	Remarks / Items to be returned	Staff Signature
Class/Homeroom/TRC Ensure that all text books are returned		
Library Ensure that all Library books are returned		
Nurse		
School Transportation		
Accounts:		Pending amount:
Registrar:		

Thank you for being a part of SZPAB. Best of luck in your next adventure!