

**Good Shepherd Convent Kindergarten
Withdrawal Form**

Child's Name: _____

Class: _____

Notification Date: _____

Last Day of School: _____

Reasons for Withdrawal:

Terms and conditions

1. The withdrawal notification period **DOES NOT INCLUDE** the March, June, September and Mid November / December holidays and that my deposit will be forfeited if the notification period is less than a month's notice.
2. Upon receipt of the withdrawal notice, the Principal/ Admin Officer will respond to the withdrawal request within 4 working days. Please note that the notice of withdrawal is not confirmed until she has acknowledged in writing that this withdrawal notice has been received. No other confirmation, written or otherwise, will suffice.
3. The withdrawal form is to be emailed to the Principal at the following email address:
principal@gsckg.edu.sg
4. A new registration form is required should parent wish to re-enroll the child again.

_____, parent of _____ agree to abide to the terms and conditions as mentioned above.

Parent's Signature

Date