



WITHDRAWAL FORM MYP 5 – DP 2

Please type or use block capitals

Name of student: _____

_____ **Class:** _____

Last day in school: _____

Contact address for further communication will be:

_____ **from (date):** _____

Student's email address: _____

Student's new school will be: _____

Reason for leaving: _____

Date: _____ **Student's signature:** _____

If the student is under 18 we also require the guardian's signatures.

Date: _____ **Parent's/Guardian's signature:** _____

Date: _____ **Parent's/Guardian's signature:** _____

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE OR BY EMAIL TO
bism.admissions@bladins.se