



Bladins

International School of Malmö



AFTER-SCHOOL CARE (FRITIDS) WITHDRAWAL FORM

Please note that two months' notice is required or two months' fees in lieu of notice.

Child's name: _____

Class: _____ Last day in After-School Care: _____

By signing below, I/we hereby confirm our child's withdrawal from After-School Care.

Guardian's signature: _____

Guardian's signature: _____

Place & Date: _____