



ST. CHRISTOPHER'S INTERNATIONAL PRIMARY SCHOOL, PENANG

No. 10 Nunn Road, 10350 Penang, West Malaysia.

Tel: +604 226 3589 / 228 0752 Fax: +604 226 4340

Email: Principal - principal@scips.org.my School - scipsoffice@scips.org.my

Date : 6th Sept 2011

Dear Parent / Guardian,

WITHDRAWALS / EXPECTED DATE OF DEPARTURE

At the beginning of each new term, we ask parents to update the school with any expected date(s) of departure or information as to when you are likely to withdraw your child(ren) from St Christopher's. This information you provide does help us with our forward planning.

Therefore, if you do have any indication of an expected departure date, even if you may not have an actual date, please complete the proforma below and return to the School Office by **Friday 23rd Sept 2011**. I appreciate that circumstances can and do change but I will only use the information given to us as a guideline.

However, having said that, should parents intend to withdraw their child(ren) at the end of this term, **Wednesday, 14th December 2011**. We would like to remind parents to adhere to our School Policy as to the required **Six (6) School Weeks Notice of Withdrawal** to the last day of your child's attendance in school, and should there be insufficient notice given, it may result with your depreciated deposit being forfeited. A letter of notification will need to be given to the office **by / on Friday 21st October 2011**.

Please complete and indicate on the proforma **to be returned to the School Office before Friday 23rd September 2011**.

Yours sincerely,

John Gwyn Jones
Principal

WITHDRAWALS / EXPECTED DATE OF DEPARTURE

Name of Child: _____ [IN BLOCK CAPITALS] Class: _____

- I wish to withdraw my child from St. Christopher's with effect from
- End of Term 1 (Sept to Dec) ***Actual date of departure is:**
** please indicate the term and year.*

and I enclose a written notification as a withdrawal notice for my child(ren).

- I have no intention of withdrawing my child but I will keep the School informed in writing if I wish to do so.
- I anticipate that I may be withdrawing my child on (indicate dd / mm / yr)

Please tick ✓ in the accordingly

NAME OF PARENT: (IN BLOCK CAPITALS)

Contact / Handphone No:

Signature:

Date: