

Please read carefully, complete, sign and return by post or email to:

Shinagawa International School in Tokyo

4-8-8 Higashishinagawa , Shinagawa- Ku, Tokyo, 140-0002 Japan

shinagawa@sistokyo.jp

Parents of all pupils leaving SIS must complete this *Withdrawal Form* as confirmation of their intent to withdraw their child or children from the school.

The School secretary/Admission officer must receive this form **one complete term** in advance of the planned withdrawal date. In cases where this does not occur, a family will forfeit the complete term's fees in lieu of such notice. Once this *Withdrawal Form* is submitted, the student's place is released from the date notified on the form.

First child's name:

Date of birth: (dd/mm/yy)

Nationality:

Current class:

Transferring to *(please provide next school name and address if known)*

Second child's name:

Date of birth: (dd/mm/yy)

Nationality:

Current class:

Transferring to *(please provide next school name and address if known)*

Today's Date:

_____/_____/_____

Day Month Year

Date for Withdrawal:

_____/_____/_____

Day Month Year

Parent Signature:

Address (if you move):

Telephone Number (if you move):



Date of last day at Shinagawa International School : *(dd/mm/yy)*

Please check reason for withdrawal:

Personal: _____ Financial: _____ Academic: _____ Health: _____
Other: _____

Reason for withdrawal (please write more details):

----- <For office use> -----
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The notice is given to the school in one term advance: Yes No

Any comments for the parents from the school
