



KĀSIGA SCHOOL

DEHRADUN

• KNOWLEDGE • STRENGTH • COMPASSION

OFFICIAL SCHOOL WITHDRAWAL FORM

NAME OF STUDENT	MASTER/MISS
CLASS	
ADMISSION NO.	
DATE OF BIRTH	
DATE OF JOINING	
DATE OF INTIMATION OF WITHDRAWAL	
FATHER'S /MOTHER'S NAME	
ADDRESS	
E.MAIL & PHONE	
REASON FOR WITHDRAWAL	

DATE: