



SAN YU ADVENTIST SCHOOL WITHDRAWAL REQUEST FORM

Please submit the following to Admissions Office:

- (1) This form (fully completed and signed by both student and parent/guardian)
- (2) Student Pass
- (3) SYAS Student ID Card
- (4) Library Book(s), if applicable

Note: In the event that the withdrawal request submitted is incomplete, SYAS has the right to reject the withdrawal request.

Name of student			
Effective date of withdrawal (For Admissions Office use only)		Class	
Passport No		Expiry Date	
Pass FIN No		Expiry Date	
Student Contact No			
Parent/Guardian Contact No			

Note: For any refund, the refund cheque will be issued to the student's name. However, if the cheque is requested to be issued to a different name (eg. Guardian's name), an authorisation letter from the student's parent is required.

Cheque to be issued to: (if applicable)	Name
	Email

I wish to request to withdraw from my course of study. I understand the school's withdrawal policy which is stated on the school's website.

- Note:
- 1. Withdrawal means the student contract is terminated and the student is no longer a student of this school.
 - 2. A transfer to another private school is also regarded as a withdrawal from the course of study at this school.

Reasons for withdrawal:

- Transfer (*govt / private), school's name _____
Class _____ (*E / NA / NT)
- Go back to home country
- Other reason _____

Declaration of Student's current whereabouts:

- Out of Singapore
- In Singapore (Date of leaving _____, if applicable)

SIGNED by the Student

SIGNED by the Student's parent or legal guardian

Signature and date

Signature and date

Name of Parent or Legal Guardian

NRIC / FIN No / Passport No

FOR OFFICE USE

Remarks by Admissions Office

1. Student Pass: Returned to *SYAS / ICA / Checkpoint _____
 Obtained a new Student Pass (copy *enclosed / to be submitted)
 Students Pass cancellation date _____
2. Student ID : Returned Did not return (Student ID no. : _____) if any
3. Library Book(s): Returned NA
4. Student in: *Singapore / Other country _____

Signature of staff & date

Remarks by Registrar

Signature of Registrar & date

Calculation of Refund (Business Office)

Calculation breakdown

Signature of staff & date

Remarks/Approval by Business Manager

Signature of BM & date

Acknowledgement by student/parents/guardian

I acknowledge that I agree to the above calculation of refund of course fees and/or meal plan to my child/ward.

Name of Student or Parent or Guardian

Signature of Student or Parent or Guardian & date

	Done by:	Date:
<input type="checkbox"/> Issuance of a letter to student effecting the withdrawal		
<input type="checkbox"/> Issuance of refund, if any, to the student (if applicable)		
<input type="checkbox"/> Issuing of the attendance record (if applicable)		
<input type="checkbox"/> Cancellation of the STP / LOC <i>(Please circle)</i>		
<input type="checkbox"/> Informing the FPS provider (Cert No. _____)		
<input type="checkbox"/> Service standard met? YES / NO <i>(Please circle)</i> The school sets a service standard of 7 days or less for assessing and replying to any request for withdrawal.		