

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) SYAS Student ID Card
- (3) 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.

request.							
Name of student							
Effective date of withdrawal (For Admissions Office use only)			Class				
Passport No			Expiry	Expiry Date			
Pass FIN No			Expiry	Expiry Date			
Student Contact No				Student ID #			
Parent/Guardian Co							
Mode of Refund: (Please tick o	ne ☑) □ By Cheque	e □ By Local Ba	nk Trans	fer 🗆	By PayNo	w □ N/A
		vill be issued to the studen person (eg. Guardian's na					
	Name:			Relations		·	· ·
Refund Issue To:	Email:						
For Transfer: (if applicable)	Name of E	Bank and Account Numl	ber:				
on the school's webs Note: 1. Withdrawa	ite. I means the s	m my course of study. student contract is termina ivate school is also regard	ted and the student	is no longe	er a stude	ent of this sch	ool.
Reasons for withdra	awal: (Pleas	se tick one⊡)					
☐ Transfer (*go	ovt / private), school's name					
Level / Course Name			_(*E / NA /	/ NT)			
☐ Go back to h☐ Other reasor		ry					
Declaration of Stud	ent's curre	ent whereabouts: (Plea	se tick ☑)				
□ Out of Singapor	e	☐ In Singapore (Da	ate of leaving		, if a	pplicable)	
SIGNED by the Student			SIGNED by the Student's parent or legal guardian (if the student is under eighteen (18) years of age)				
Signature and date			Signature and date				
			Name of *Parent or Legal Guardian				

*NRIC / FIN No / Passport No

FOR OFFICE USE

Remarks by Admissions Office							
Student Pass: □ Digital STP cancelled □ N.A. *(DP / LTVP / SPR / SG)							
☐ Have LTVP attached with STP (Emailed/Informed parent/guardia		· ·					
☐ Obtained a new Student Pass (copy *enclosed / to be submitted)	Issued on	(Date)					
2. Student ID: ☐ Returned ☐ Did not return							
3. Library Book(s): ☐ Returned ☐ NA							
Student in: *Singapore / Other country							
5. Authorisation Letter (For refund): Submitted(Date)	□ NA						
6. Update status in AIMS: ☐ Yes 7. Print Discipline Records: ☐ Yes ☐ NA							
7. Thirt biscipline Necolds. II Tes II NA							
		Signature of staff & date					
Remarks by Registrar							
		_					
	Sig	nature of Registrar & date					
Calculation of Refund (Business Office)							
<u>Calculation breakdown</u>							
		Signature of staff & date					
Remarks/Approval by Business Manager (BM)							
		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 me	al plan to my chi	ld/ward.					
Name of *Student or Parent or Guardian Signat	ure of *Student or I	Parent or Guardian & date					
	_	_					
	Done by:	Date:					
☐ Issuance of a letter to student effecting the withdrawal							
□ Cancellation of the STP							
□ Update FPS Group record							
☐ Issuance of refund, if any, to the student (if applicable)							
☐ Issuing of the attendance record (if applicable)							
☐ Service standard met? YES / NO (Please circle)							
The school sets a service standard of 7 days or less for assessing and replying to any request for withdrawal.							