

WITHDRAWAL FORM

Date :

The Headmistress,

St.Albans School

Sector-15, Faridabad,

Subject: Request for Transfer Certificate

Dear Madam

This is a request to issue Transfer Certificate of my ward.The details are given below:

Name of the student:_____

Admission No :- _____

Class/Section : _____

Father's Name _____

Mother's Name: _____

Date of withdrawal _____

Reason for leaving the school: _____

Thanking you

Your faithfully

Father's Sign_____ Ph no-_____

Mother's Sign_____ Ph no-_____

Note:- Both father & mother signature is mandatory.

Co-ordinators Sign:_____

Headmistress Sign:_____