



Date:

Withdrawal Form

CPR:

| Name | KG | Section |
|-------|----|---------|
| | | |

Siblings (if any in APG School)

.....
.....

Term/Year of withdrawal

| Mother | father |
|--------|--------|
| | |

Reason for Withdrawal

.....
.....

I, the Parent of

Confirm this request of not registering my child in APG Kindergarten.

Parent's Name Signature

Kindergarten stamp