

Student Withdrawal Form

Student Name _____

Today's Date _____

Student ID# _____

Last day in <district name> _____

Tentative start date at next school _____

Your child is expected to attend school until he/she is transferred to the new school district.

Grade _____ Building _____

DOB _____ Age _____

New School Institution Name and Address:

Parent/Guardian Forwarding Address:

Phone # _____

Parent/Guardian Signature _____

Fomu ya Mwanafunzi Kuondoka

Jina la Mwanafunzi _____

Tarehe ya Leo _____

Nambari ya Kitambulisho cha mwanafunzi: _____ Siku ya mwisho huko <jina la wilaya>

Tarehe ya kuanza shule inayofuata _____

Mtoto wako anatarajiwa kuhudhuria shule hadi atakapohamishwa kwenye wilaya ya shule mpya.

Darasa _____ Jengo _____

Tarehe ya Kuzaliwa _____ Umri _____

Jina na Anwani ya Taasisi ya Shule Mpya:

Anwani ya Usambazaji ya Mzazi/Mlezi:

Nambari ya Simu _____

Saini ya Mzazi/Mlezi _____