

NOTIFICATION OF WITHDRAWAL

A. STUDENT DETAILS

Class Name: _____ Student Application No.: _____

Student's name: _____ (In English) _____ (In Chinese)

Student's HKID card no.: _____ D.O.B: _____ Gender: _____

Student's passport no. (if applicable): _____

B. REASONS OF WITHDRAWAL (PLEASE ✓ THE MOST APPROPRIATE)

I wish to discontinue my son's / my daughter's study at Lutheran Academy with effect from _____ (date) due to the following reasons:

Reasons:	Details (if applicable):
<input type="checkbox"/> Programme/ curriculum/ subject choices (IBDP/DSE)	
<input type="checkbox"/> Unsatisfactory academic result	
<input type="checkbox"/> Emigration	
<input type="checkbox"/> Returning to home country	
<input type="checkbox"/> Financial reason	
<input type="checkbox"/> Health/medical reason	
<input type="checkbox"/> Adaptation/ Adjustment reason	
<input type="checkbox"/> Other reasons (Please specify)	

Destination School
Name: _____
<input type="checkbox"/> Hong Kong <input type="checkbox"/> Places other than Hong Kong (Please specify): _____

C. CONTACT INFORMATION:

Mother's contact no. :	
Father's contact no. :	
Address :	

D. POINTS TO NOTE:

1. The e-class service of the student will be ceased after the next 2 working days at 5pm upon the withdrawal date.
2. Should you want any academic proof or reference from the school after the withdrawal, you have to apply for that in written form.
3. All refunds (if any) will be made by cheque, please provide the **preferred payee name:** _____
The Accounting department will contact you for further details.
4. All outstanding fees should be settled at least **7 calendar days** before the student's last day of attendance.

E. DECLARATION

I declare that all information given in this form is, to the best of my knowledge, accurate and complete. I also understand the consequence of submitting this notification will bring about.

Parent's /Guardian's Signature : _____

Parent's /Guardian's Name : _____

Date : _____

The personal data provided on this form will be used for student and Administration purposes. Failure to provide complete and accurate information may affect the provision of academic and administrative services to you. The School will keep the personal data provided confidential but may need to disclose it to appropriate personnel in the School and other parties providing academic and administrative services to the School. You have the right to request access to and correction of your personal data. If you wish to do so, please contact the Student & Administration Office.

For office use only	Received by: _____ (Name)	Received date: _____
	Approval by: _____ (Name)	Approval date: _____