

A T T I T U D E

performing arts studio

1Jalan Anak Bukit, #01-29, Bukit Timah Plaza, S (588996)

Tel: 64679738 Fax: 64698614

WITHDRAWAL FORM

Name : _____ Student No : _____

Contact No : _____

Present Class : _____ Class Code : _____

Day : _____ Time : _____ Teacher In Charge : _____

Withdrawal With Effect From : _____

Reason For Withdrawal: _____

Parent/Student Signature: _____ Date: _____

Official Use

Administered by: _____ Date: _____

Class List Update:

Stamp

Sign

 Date: _____
Name: _____

IMAC Update:

Stamp

Sign

 Date: _____
Name: _____

IMS Update:

Stamp

Sign

 Date: _____
Name: _____