



**ADMISSION CANCELLATION REQUEST FORM**

**Student Details:**

- **Student Name:** \_\_\_\_\_
- **Grade/Class:** \_\_\_\_\_
- **GRN. No:** \_\_\_\_\_

**Parent/Guardian Details**

- **Parent/Guardian Name:** \_\_\_\_\_
- **Relationship to Student:** \_\_\_\_\_
- **Contact Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

**Reason for Cancellation (Please specify):**

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**Requested Last Date of Attendance:** \_\_\_\_\_

**Acknowledgement**

I, the undersigned, request the cancellation of my child's admission at **Al Ibtisama Center for People with Disabilities**. I understand that any pending fees, if applicable, will be settled as per the center's policy. I also understand that re-admission, if required in the future, will be subject to availability.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Office Use Only**

- Admission Cancelled By: \_\_\_\_\_
- Date of Cancellation: \_\_\_\_\_
- Pending Fees Cleared:  Yes  No
- Remarks: \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_