



Student Withdrawal Form

I understand that by completing this form I am withdrawing my child/children from the American International School of Rotterdam.

Date: _____

FAMILY NAME: _____

FORWARDING ADDRESS: _____

EMAIL: _____

HOME TEL. NO: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

CHILD'S NAME: _____ GRADE: _____

REASON FOR WITHDRAWAL: _____

LAST DAY OF SCHOOL: _____

PARENTS SIGNATURE: _____

A.I.S.R. OFFICE USE ONLY

DIRECTOR/PRINCIPAL: _____ DATE: _____

COUNSELOR: _____ DATE: _____

REGISTRAR/ADMISSIONS: _____ DATE: _____

NURSE: _____ DATE: _____

BUSINESS OFFICE: _____ DATE: _____

American International School of Rotterdam



Can we please ask for your comments?

What will your child/children miss most about A.I.S.R?

As a parent what will you miss most about A.I.S.R?

Would you recommend A.I.S.R. to prospective families?

We appreciate your comments and wish you success wherever your travels take you.