

STUDENT'S WITHDRAWAL FORM

This Application will be filled-in by the requesting parent / campus with attachments mentioned below. It will be forwarded by the campus to respective Regional Office and subsequently to CRM Department, Allied Schools-Head Office, 64-E-I, Gulberg III, Lahore.

STUDENT'S PARTICULARS

Campus Name: _____ City: _____ Region: _____

Student's Portal ID:

Student's Name: _____ Class: _____ Section: _____

Father's / Guardian's Name: _____ CNIC:

Cell Number (i) (ii)

(iii)

Postal Address: _____

Reason of Withdrawal: _____

Parent's Name

Campus CRM Name

Parent's Signature

CRM's Signature

Date: _____

Date: _____

ATTACHMENTS

- Student Information Form (Web-Portal)
- Copy of Form B (ISSUED by NADRA)
- Copy of Parent's CNIC

Principal's Name

Signature

Date: _____

VERIFICATION BY REGIONAL OFFICE

The particulars of Student / Father / Guardian have been verified from portal.

Name of Region: _____

Concerned CRM Name

Regional Manager's Name

Signature

Signature

Date: _____

Date: _____

HEAD OFFICE ALLIED SCHOOLS USE ONLY

Reconfirmed and found correct.

Head Office RC Name

HOD CRM Name

Signature

Signature

Date: _____

Date: _____