



ENROLLMENT CANCELLATION FORM

Student Name: _____ Year _____

Level: _____

Parent / Guardian Name: _____ Contact Number: _____

Address: _____

E-Mail Address: _____

Date of Cancellation (Last day at school): _____

Reason(s) for Cancelling:

Work Transfer School Transfer Others (please specify): _____

Please give brief details regarding your reason for cancelling.

Please cite one thing that your child will especially miss about Panyathip International School (PIS)

As a parent, please cite one thing that you will personally miss regarding the school

Do you expect the new school to be academical equal better worse than PIS for your child(ren)?

Name and Location of new school: _____

Student Signature: _____ Date Signed: _____ (dd/mm/yy)

Parent / Guardian Signature: _____ Date Signed: _____ (dd/mm/yy)

FOR OFFICE USE ONLY

Step 1 Administration Department

Admission Officer	Head of Administration	School Deputy Director
-------------------	------------------------	------------------------

Step 2 Academic Department

Homeroom Teacher	Library	Head of Department	School Principal
------------------	---------	--------------------	------------------



--	--	--	--

Step 3 Finance Department

Assessment for outstanding/refund	Accountant (Bookkeeper)	Head of Finance
-----------------------------------	----------------------------	-----------------

School Fees: _____

Food:

Books: _____

Others:

Bus Service: _____

TOTAL

Step 4 Receiving of Money (Within 10 working days)

Amount Received	Parent / Guardian Signature	Cashier
	Date	Date

:LL 18 July 2017