

## Withdrawal form

Details of student	
<b>Personal details <sup>1)</sup></b>	
Family name	
Given names	
First name (known as)	
Date of birth	___ / ___ / ____ (dd/mm/yyyy)
<b>Address in the Netherlands</b>	
Street name	
House number	
Town / City	
Zip Code	
Final day at IPSAlmere ___ / ___ / ____ (dd/mm/yyyy)	
Reason for leaving	
<b>Name and address of new school</b>	
Name	
Address	
Country	
Telephone number	

Date

\_\_\_\_\_

Signature Parent(s):

\_\_\_\_\_

Return this form to: [admissions.primary@isalmere.nl](mailto:admissions.primary@isalmere.nl)