



**BALLITO**

## WITHDRAWAL NOTIFICATION

*Please complete all of the information requested below.*

**\*NB! Due to the POPI Act, Cumulative Student Record Files will now need to be collected from the College Reception on the last day of the student's attendance. Parents are now responsible for ensuring that the File is handed to the NEW school!**

**Please email completed form to relevant section of the College.**

Ashlings:	ashreception@ashtonballito.co.za	(Ashlings Early Learning Centre)
Foundation:	jcreception@ashtonballito.co.za	(Grade 1 to 3)
Intersen:	intreception@ashtonballito.co.za	(Grade 4 to 7)
Senior College:	scadmissions@ashtonballito.co.za	(Form 1 to Form 5)

**Please ensure all documents are signed in black pen**

Student's Name: \_\_\_\_\_

JC     SC     Gr/Form

Sibling/s remaining at Ashton: Yes  Name: \_\_\_\_\_ No:  Complete separate form \_\_\_\_\_

**\*\*Parents to give 3 (three) months' notice to the College before removing their child / children from the College. The notice period is applicable irrespective of the reasons for the removal of the child / children from the College. No pending withdrawals will be accepted.**

**Reason for the withdrawal**

\_\_\_\_\_  
\_\_\_\_\_

Last Day of School: \_\_\_\_\_

Name of Person Responsible for the Account: \_\_\_\_\_

Signature: \_\_\_\_\_

Name of New School: \_\_\_\_\_

Signature Parent 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Parent 2: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Fees in lieu of notice     No fees     REPORT     NO REPORT

Reason: \_\_\_\_\_

Heads Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**"EXCELLENCE BELONGS TO THE ZEALOUS"**