



Adventist International Mission School

Notice of Student Clearance from School

Date: _____

Name of Parent: _____

Address: _____

_____ Tel: _____

Student's First name/Last name	Grade	ID No.

His/her last day of school attendance will be

_____/_____/_____
Day Month Year

Reason for clearance: Graduated Withdrawal Other _____

Reason for withdrawal: _____

Name of New School: _____

1. _____

Parent/Guardian's Signature

2. _____

Homeroom Teacher's Signature

3. _____

Librarian's Signature

4. _____ (Foreign Student only)

Liaison's Signature

5. _____

Student Finance Signature

6. _____

Finance Manager's Signature

7. _____

Administrator's Signature

8. _____

Registrar's Signature

For the transfer of your deposit, please complete the following bank information:

Name of the Bank: _____

Account Name: _____

Saving Account Number: _____

Note: Damage/Loss Deposit and Development Fee must be requested within 90 days of withdrawal from AIMS. **No refund after 90 days.** Refunds will be given 30 days after submitting a withdrawal form.