

**FORM OF APPLICATION FOR A LEAVING CERTIFICATE**

Registration No.: .....

Date: .....

From :

To

.....  
.....  
School  
.....  
.....

The Principal  
Kanachur Public  
  
Deralakatte  
Mangalore

Respected Madam,

Please issue the School Leaving Certificate of my child/ ward. The necessary particulars are given below:

Name .....

Date of Birth .....

Class (Studying in) .....

Reason For Leaving School: .....

.....  
Signature of Parent

**For The Use of the School Staff**

All fees due have been paid

.....  
Office Manager

The School Leaving Certificate may be issued

.....  
Principal