FORM OF APPLICATION FOR A LEAVING CERTIFICATE

Registration No.: **……..** Date: **……..**

From :

……..

……..

School

……..

……..

To

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