

# Application for Student Withdrawal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[School's Name]

[School's Address]

[City, State, Zip Code]

Dear [Principal's Name or Appropriate Authority],

I am writing to formally request the withdrawal of my child, [Child's Name], from [School's Name] effective [Desired Withdrawal Date].

Due to [briefly explain the reason for withdrawal, e.g., relocation, personal circumstances, etc.], we have made the difficult decision to withdraw [him/her/them] from your esteemed institution.

We appreciate the support and education [Child's Name] has received during [his/her/their] time at your school and are grateful for the dedicated staff and programs offered.

Please let us know the necessary steps to ensure a smooth transition and finalization of the withdrawal process. We would like to request [any specific documents or information needed, if applicable].

Thank you for your understanding and cooperation. We look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]