



Sunrise Convent International School, Mananhana

Affiliation No. 1631268

Phone Number : 9465940198

E-mail: scint.kot@gmail.com

Date _____

The Principal

Sunrise Convent International School

Mananhana

Sub: -Application for issuing school leaving certificate.

Name of child _____ Admission No. _____ Class / Sec. _____.

I would like to inform you that my ward would not be able to continue his/her studies in this school w. e. f

I wish to withdraw him/ her from school because _____

You are requested to issue the School Leaving Certificate to _____

Yours Sincerely,

Parents Signature.

Father Name _____

Address
