



DES Official
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FOR OFFICIAL USE ONLY

SCHO: _____

YEAR: _____

UPN #: _____

Withdrawal Request Form

Important Information

This form **must** be completed and signed by **all** persons wishing to withdraw or remove a child from a Cayman Islands Government school official registers. (Education Law 2016, Section 35)

Section 1 Student's Information

Last Name:		First Name :		Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: (dd/mm/yy)		House Number & Street Address:			District:	
School Currently Enrolled			Grade/Year			
House/Academy			Withdrawal Date			

Section 2 Primary Parent/Guardian

Last Name:		First Name:			Relationship to student:	
House Number & Street Address:				District:	PO Box:	Post Code:
Cellular:	Work Phone:	Ext.	Home Phone:	Email:		

Section 2.1 Secondary Parent/Guardian

Last Name:		First Name:			Relationship to student:	
House Number & Street Address:				District:	PO Box:	Post Code:
Cellular:	Work Phone:	Ext.	Home Phone:	Email:		

Section 3 Information Verification Statement

I/We, _____ and _____ (print names) hereby elect to withdraw my son/daughter from the above-mentioned school and from all Cayman Islands Government school settings with are subject to Cayman Islands compulsory Education Law (Education Law Revision 2016 pursuant to Part 11, Section 14, Subd2)

I've met with the school and/or DES Personnel and have informed them of other educational opportunities being pursued for my child.

Section 4 Future Education Plan

The above-mentioned student will be: Home-Schooled Attending: _____

NEW House Number & Street Address: _____ **NEW** School's Physical Address: _____

Signature of Legal Parents/Guardians

Date

Primary Parent/Guardian: Print Name		Primary Parent/Guardian: Signature			
Secondary Parent/Guardian: Print Name		Secondary Parent/Guardian: Signature			



**DEPARTMENT OF
EDUCATION SERVICES**
CAYMAN ISLANDS GOVERNMENT

Section 6

FOR OFFICIAL USE ONLY – To be completed by DES personnel

Checklist for Student Clearance

- Returned Textbooks and all Other Materials
- Cleared DES fee Accounts
- Completed Record Transfer Form
- Completed Exit Interviews (Secondary Non-Graduates)
- Checked and verified physical address of new School.

Administrative Remarks/Comments

Signature of DES Personnel

Date

School Leader/Official: **Print Name**

School Leader/Official: **Print Name**

DES Officer: **Print Name**

DES Officer: **Signature**