

WITHDRAWAL FORM
(1 month written notice required)
NGG International School

Date of Withdrawal: _____ 20____
from Grade: _____

Name of Student withdrawn:

Family name: _____ First name(s): _____
CPR Number: _____ Date of Birth: _____
New Address: _____
New Country: _____ New Home telephone/Fax: _____
E-mail: _____

DK-Bank & Account No (for return of Deposit): _____
Former DK-Address: _____
Former Commune: _____

Father or Guardian:

Name: _____
Nationality: _____
Profession/Title: _____
New Company: _____
New address of company: _____

Mother or Guardian:

Name: _____
Nationality: _____
Profession/Title: _____
New Company: _____
Address of new company: _____

Office Telephone: _____
Office Fax: _____
Email: _____

Office Telephone: _____
Office Fax: _____
E-mail: _____

New School:

Name: _____
Address: _____
Country: _____
Office Telephone/Fax: _____
E-mail: _____

Please note the reason for withdrawing from NGG I:

Date

Signature of Parent(s) or Guardian(s)