



## NOTIFICATION OF DISENROLMENT

This form is for students currently enrolled who **DO NOT** want to return to the Swakopmund Christian Academy for the \_\_\_\_\_ academic year. Please fill out the details of the child(ren) that you wish to **disenrol**: -

### DISENROLING Student Name

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This Form must be returned to the school by **01 SEPTEMBER.**

We thank you for the opportunity we have had to assist you in providing a quality Biblical education for your child(ren). We trust that you have been satisfied with the academic service provided to you and your child(ren).

You are kindly requested to make an appointment with the School Principal in the event that there are matters that need to be finalized or discussed.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date**