P.O Box: 53663, Dubai, UAE. Tel: (04) 3263339, Fax: (04) 3263402

DATE OF APPLICATION :_____

			•			
Chil	d Det	ails:				
	1	Name of Student :				
		(In Block Letters)			1	
	2	Class:			Section:	
	3	Date of Birth:			Sex:	
3 Bate of Birth.					Admission	
4 Date of Joining GMA:					No:	
Rea	son f	or Leaving:	1			
	1	Leaving the Country				
	2	Leaving to another Emirat	e			
	3	Local Transfer	Curriculum	Curriculum Name of School		
			O - Levels			
			A - Levels			
			IB			
			CBSE / ICSE			
	4	Any other reason				
		(Please Specify)				
		Signa	ature of Parent: _			
L	.ast D	Pate of Attendance:		Class	Teacher Signature:	
		(Clearance Form -	For Off	ice Use	
Registrar : Dues to be cleared till:						
				Duest		
Not	e : Gr	ade 3 & above - Kindly clea	r from the vario	us depa	rtments given below	& lastly to Accounts
	Fee	25	Department		Signature & Date	Remarks
					0.8	
1	Tra	nsport	STS			
2	Lov	skar Kovs raturnad	Acct Admin	Officar		
	LUC	cker Keys returned	Asst.Admin	Jilicei		
3	Lib	rary Books returned	Librarian			
4	Fee	e Counter / Tuition Fee etc.	Accounts			
Trans	sfer C	ertificate Number:			Date:	