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Maadi 11431 Cairo, Egypt
Tel:+20-2-27555555
Fax: +20-2-25196584
Web: www.cacegypt.org

High School Withdrawal Form

Student Name: _____ **Grade**: _____

Personal Email: _____ **Withdrawal Date:** _____

It is the student's responsibility to collect every signature. Return this form to the Registrar before you depart CAC. If your official withdrawal date is before the last day of this semester, your teacher will write a grade in the W/D grade column.

If this form is not returned or received incomplete, you will be charged $ 500.00 USD should you request any CAC documents at a later time.

Period	***Subject***	***W/D*** *Grade* **(only if w/d before end of this semester)**	**Teacher's Signature**	***Check if book*** **returned**	***Charge for*** **missing book**

Locker Cleared: _____
(Student Center)

Library: _____

Tech Center: _____
(MS Ground Floor)

Counselor: _____

Principal: _____
(HS Office)

Enrolled 2 years or more **Y__** **N__**

Student ID: _____
(ID Office)

Family ID(s): _____
(ID Office)

Registrar: _____
(Admissions/Registrar Office)