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Elementary School Withdrawal Form

Student Name: _____ **Grade:** _____

Withdrawal Date: _____

Please obtain signatures from the following indicating your son/daughter has been cleared:

Library: _____
Student/Guardians' Library account is clear

Hot Lunch Service: _____
Elementary Office

ID Office: _____
Welcome Center

Registrar: _____
Welcome Center

Please submit this completed withdrawal form to the **Registrar's Office** from which you may collect your child's school records.