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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

<p>Locker Cleared: _____ (Student Center)</p> <p>Library: _____</p> <p>Tech Center: _____ (MS Ground Floor)</p> <p>Counselor: _____</p> <p>Counseling Library: _____ (HS Counseling Office)</p>	<p>Enrolled 2 years or more Y__ N__</p> <p>Student ID: _____ (ID Office)</p> <p>Family ID(s): _____ (ID Office)</p> <p>Registrar: _____ (Admissions/Registrar Office)</p> <p>Principal: _____ (HS Office)</p>
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