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## Middle School Withdrawal Form

**STUDENT NAME:** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**DATE OF WITHDRAWAL:** \_\_\_\_\_

It is the student's responsibility to collect every signature. Return this form to the Registrar in the Welcome Center before you depart CAC.

PERIOD	SUBJECT	PROGRESS TO-DATE	TEACHER'S SIGNATURE	MISSING BOOKS
A				
B				
C				
D				
E				
F				
G				
H				

**Enrolled 2 years or more Y\_\_ N\_\_**

<p><b>Locker Cleared:</b> _____  <small style="margin-left: 100px;">Ms. M. Fahmy (MS. Office)</small></p> <p><b>Library:</b> _____  <small style="margin-left: 100px;">Ms. J. Fitzgerald</small></p> <p><b>Tech Center:</b> _____  <small style="margin-left: 100px;">(Ms. Soha Kamel – IT Office)</small></p> <p><b>Athletics:</b> _____  <small style="margin-left: 100px;">Athletic Office – PE Office</small></p> <p><b>Counselor:</b> _____  <small style="margin-left: 100px;">Ms. B. Spencer-MS counseling Office</small></p>	<p><b>Principal:</b> _____  <small style="margin-left: 100px;">(HS Office)</small></p> <p><b>Student ID:</b> _____  <small style="margin-left: 100px;">(ID Office)</small></p> <p><b>Family ID(s):</b> _____  <small style="margin-left: 100px;">(ID Office)</small></p> <p><b>Registrar:</b> _____  <small style="margin-left: 100px;">(Admissions/Registrar Office)</small></p>
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