**[insert name of school]**

[insert logo]

*This Form* ***MUST*** *be supported by a duly executed Student Clearance Form. It is to be completed for all exiting students, whether or not they complete the clearance process, and placed on record. Any marks that distort clear interpretation of status render this form invalid.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adm. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for clearance (Withdrawal/Expulsion/Completion): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION BY PARENT/GUARDIAN**

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **I** confirm that I am aware of and accept the discharge of my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from [insert name of school] with effect from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* I confirm that I know and understand my obligations to the school in this regard, which includes but are not limited to the payment of school fees and return and/or replacement of school property assigned for use and to the care of my child.
* I confirm that henceforth [insert name of school] and its subsidiaries stand absolved from any claims whatsoever from myself regarding my child’s attendance at [insert name of school].
* I further commit myself not to divulge to any unauthorized person(s) any sensitive and/or confidential information that might have come to my knowledge as a result of my engagement with [insert name of school].

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE COMPLETED BY THE SCHOOL**

* **Parent/Guardian has cleared fully with the School Yes No**
* **Reason for Discharge Withdrawal Expulsion Completion**
* **Discharge is hereby approved Conditionally Unconditionally**

**Condition for Discharge:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed by Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_ Stamp\_\_\_\_\_**