

To,
The Principal
Indian School Bousher
Sultanate of Oman



Dear Sir,

SUB: Application for Transfer Certificate

I wish to withdraw my son/daughter from the school with effect from _____

The reason for withdrawal is _____

Name of Student: _____ GRno: _____

It is therefore requested that a Transfer Certificate be issued to my ward and refundable caution Deposit cheque (if applicable) shall be in favor of _____
Bank _____ Branch _____

Note: TC shall be issued only after the students last date in school. No TC shall be issued when the student is attending classes. The TC and refund process will take approximately 15 to 30 days from receipt of this Application form.

Class Teacher Name: _____ Class: _____ Section: _____

If any other child/children of yours is/are studying in school:

Name of Student	GR Number	Class & Sec	Applied for TC ? (Yes/No)

Thanking You,

Parent Name: _____ Sign: _____ Date: _____

Email ID: _____ Phn: _____

Documents attached (Please Tick):

- Copy of last paid fee receipt
- Copy of resident card of father

- Passport front page of Student, father, mother
- Authorization Letter (optional)
- Copy of resident card of the person authorized to collect TC and refund cheque (optional)

Kindly clear all dues (if any) with the accounts for admission dept. to process the TC.

FOR OFFICE USE ONLY

At ISB request for TC received by: _____

Date of receiving TC Application: _____

Academic Clearances:

1. Clearance from Lab: CHEM _____ PHY _____ BIO _____ COMP.SCI _____

2. Clearance from Librarian: _____

3. Class Teacher Remark on Attendance:

Date of Joining:			
Last Date of Attendance			
Total no. of Days:	/		
Progress in studies:	GOOD	EXCELLENT	SATISFACTORY
Conduct in School:	GOOD	EXCELLENT	SATISFACTORY
Note: Student Report card/Marks card should be mandatorily attached along with this form. Incomplete clearance forms will not be accepted. Confirm the last date of attendance with the Parents before entering in the clearance form.			
Name of Class Teacher:	Sign:	Date:	

Accounts Clearance:

Pending Fee:		Remarks:
Internal Adjustment:		
Refundable Amount:		
Date:	Name of Account Dept. Staff:	Sign:

AUTHORIZATION LETTER

Date:

Dear Sir/Madam,

I, Mr/Ms. _____, hereby wish to collect the following from school:

- Transfer Certificate
- Refund Cheque
- Report Cards
- Notebooks and Stationary

However, I cannot be physically present to collect the above. I would like to authorize Mr/Ms. _____, Whose details are provided below, to collect the documents on my behalf.

Details of Authorized Person:

- Full Name:
- Resident Card Number:
- Contact Number:
- Email ID:

Attachments:

- Resident card copy of the person authorized to collect the document.

I confirm that the details provided are correct, and I take full responsibility for any loss or damage.

Sincerely,

Parent Name:

Sign:

Student Name:

GR Number: