

## STUDENT EXIT CLEARANCE FORM

Student Instructions: Sadly, you are leaving ARIS. In order that we can provide you with the necessary transcript of results, testimonials and references, please ensure that you leave everything in good order. First, complete your personal details, then return to the staff member responsible all textbooks, library books, and any other materials/items belonging to ARIS. Finally, obtain the signatures required below, and submit the form to your Homeroom Teacher before departure. The exit can take up to 10 business days.

## **Student details**

Reason for Leaving		Reasor	n for Leaving	
0	Financial	0	Expelled	
0	Leaving Country	0	Sickness	
0	Personal	0	Withdrawal	
0	Transferred, (must provide school	0	Graduated ☺	
	name for transfer letter)	0	Other	
Surname:		Given	name:	
Academic Year:		Class/Y	ear Group A B C	
Semester 1 or 2		Future School Name:		
Last day student will attend ARIS :				

## **Library Department** (To be completed by Librarian)

The above-named student:  Has no outstanding library books/materials/resources OR should be involuted in the involute outstanding library books/materials/resources.	iced for the following
(Please list the lost/damaged items + Amount to be invoiced)	
Item	Amount (USD)
Signature of Librarian: Date:	
Julia Statistical Librarian.	

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## **Accounts Department** (To be completed by the Accountant)

The above-named student:		
Has no arrears in fees/outstanding financia	l liabilities (eg books/uniform) OR	should be invoiced for
the following:		
(Please list the items + Amount to be invoice	ced)	
Item		Amount (USD)
		7 miodine (CC2)
Signature of Accountant:	Date:	
Homeroom Teacher (To be completed	l by the Teacher)	
The above-named student:		
Has given adequate notice of withdrawal	from ARIS and has no outstanding	responsibilities to the
school, the teaching faculty or to his/her p	_	•
complied with all explicit obligations, the st	, -	
responsibilities are pending:		_
Signature of Homeroom Teacher:	Date:	
Head of School (To be completed by the	e Head of School)	
In relation to the above-named student, th	e following should be on record:	
Student has no IT Equipment in his/her pos	scassion	
Student has not requipment in his/her pos	356351011	
Attendance: student has been absent	days, to date.	
Student qualifies for a: transfer letter	/ admission testimonial / reco	ommendation letter
Stadent quanties for a to transfer feeter	, aamission testimoma, , rest	on retter
Signature of Head of School:	Date:	
Signature of Director:	Date:	