



GOVERNMENT OF BERMUDA

Department of Education

## REQUEST FOR STUDENT WITHDRAWAL FORM

**Please Note:** Section 40 (1) of the Education Act 1996 states: ..... “A child shall be deemed to be of compulsory school age if he has attained the age of five years and has not attained the age of **eighteen years**.”

Section 40 (3) of the Education Act 1996 states: “ Any child who attains the upper limit of compulsory school age during the course of any school year (as may be specified by the Minister from time to time by notice published in the Gazette) shall be deemed not to have attained the upper limit of compulsory school age until the day following the last day of the term in that school year unless the Minister upon the application of the parent or guardian of that child otherwise directs in relation to that child.”

**Completion of the form below indicates that the parent/guardian is aware of these clauses in the Education Act 1996 but wishes to withdraw a student from the Bermuda Public School System.**

**N.B. In addition to this completed form, parents must provide proof of enrolment in private school, tutorial site or alternative GED programme.**

### Student Information (Please Print):

Name: \_\_\_\_\_  
Last First Middle

D.O.B.: \_\_\_\_\_  
(DD/MM/YYYY)

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

### Withdraw the above- named student from:

Name of School: \_\_\_\_\_ Effective Date: \_\_\_\_\_

(Circle One) Year Level: **Primary: P1 P2 P3 P4 P5 P6 Middle: M1 M2 M3 Senior: S1 S2 S3 S4**

Reason for Withdrawal (attach letter if necessary): \_\_\_\_\_

### 1. He / She will further his / her studies at:

Homeschool / Tutorial Site Name: \_\_\_\_\_

Local Private School Name: \_\_\_\_\_

Overseas School (Please tick)  USA  CDA  UK  Other

A GED Programme at  Adult Education  C.A.R.E. Learning Center

Seventh Day Adventist Programme

Other Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to:  Parent/Guardian  Principal  Attendance Coordinator

Revised 090805nf