



**APPLICATION FOR ADMISSION CANCELLATION**  
**Applicable only for New Admits/ Enrolments**

**Please fill this application form and submit the same to the Admissions Office .**

**Admission Cancellation:**

**For confirmed Students who are cancelling admission before the joining date into School/Start of the academic year or Semester, the paid Assessment fee and Registration Fee & Deposit is non-refundable.**

Academic Year: \_\_\_\_\_ School Name \_\_\_\_\_ :

Name of Student: \_\_\_\_\_ I.D. NO \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Mobile No: \_\_\_\_\_

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

Is parent a staff member of IVEI  Yes  No

Reason for Admission Cancellation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brothers/Sisters (if any) who will continue to study in RWA/ IVEI School or Nursery

Name	ID. No.	Grade/Section	School/Nursery
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Parent's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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*For Office Use only:*

**ADMISSION OFFICE :**

Confirmed the Student has not attended School

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

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**FINANCE DEPT.:**

Eligible refund  Tuition Fee. AED \_\_\_\_\_

Finance Manager's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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**For parent who is a staff member of IVEI**

Human Resource:

Comments/remarks: \_\_\_\_\_

\_\_\_\_\_

HR Manager's Signature : \_\_\_\_\_ Date: \_\_\_\_\_