**PALAU ADVENTIST SCHOOLS**

CLEARANCE FORM

INSTRUCTIONS: *This form is used when you apply to withdrawal from the school. Please complete this form and return to the Office for final clearance or withdrawal from the school.*

|  |  |  |
| --- | --- | --- |
| Name: Click here to enter text. | | Date: Click here to enter text. |
| Click here to enter text. | | |
| Mailing Address P.O.Box City State Zip Code | | |
| Grade Level: Click here to enter text. | Semester: Click here to enter text. | Click here to enter text. |
|  | Last Semester/Current | School Year |

**Main reason for leaving the school: (Check mark on item that applies to you)**

|  |  |  |  |
| --- | --- | --- | --- |
| Change of residence | Graduated | Transferred | Others |
| Registrar | | Accountant | |
| Principal | | | |