|  |
| --- |
| ***This section must be filled out completely*** |
|  |
| **Name of student:** |  |  |  |
|  |  |  |  |
| **Year:** |  |  |  |
|  |  |  |  |
| **Forwarding Address:** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Email (if known):** |  |  |  |
|  |  |  |  |
| **Become a member of Saathi of KISC?** |  |  Yes |  | No |   |  |  |
|  |
| Before any part of your KISC deposit can be refunded, you need to return all loaned books and equipment. Please obtain a signature from each of the applicable subjects listed below once you have returned your resources (delete as appropriate). Your parents will also need to sign in the space provided. |
| **Subject** | **Staff Signature** |
| Library |  |
| Any Other Resources |  |
|  |  |
|  |  |
|  |  |
| Parent / Guardian |  |
| Principal |  |
|  |  |
|  |  |
| Length of notice given: |  | Eligible for refund? Yes/ No Signature: |  |
| Refund Processed: |  | (Signature) |  | Date: |  |