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| ***This section must be filled out completely*** | | | | | | | | | | | | | | | | |
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| **Name of student:** | | | |  | | |  | | | | | | | | |  |
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| **Year:** | | | |  | | |  | | | | | | | | |  |
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| **Forwarding Address:** | | | |  | | |  | | | | | | | | |  |
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| **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 | | | | | |  | | | | | | | | | | |
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| Parent / Guardian | | | | | |  | | | | | | | | | | |
| Principal | | | | | |  | | | | | | | | | | |
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| Length of notice given: | |  | Eligible for refund? Yes/ No Signature: | | | | | | | | | |  | | | |
| Refund Processed: |  | | | | (Signature) | | | |  | | Date: | | | |  | |