

ACADEMY OF EXCELLENCE

Aim Higher, Achieve Better



Cancellation Form – Application Learner

Date: _____

Hereby I _____, (Name and Surname of parent/guardian)

Confirm that I want to cancel my application for _____

(Name and Surname of Child) in Gr _____. He / She will no longer attend Academy of Excellence.

Reason for cancellation:

- I confirm that I am aware that the registration fee is non-refundable if paid. "If not paid it will still be payable."
- I understand that one month's written notice is required to remove a child/children from the school, to cancel the installment agreement, otherwise, the installment will remain in the place of notice

Signature: _____ Date: ____ / ____ / 20__

FOR OFFICE USE ONLY	
Confirmed Finance:	
Confirmed Office:	

