



Japanese Language School Unified System

日本語学園 協同システム

1218 Menlo Avenue, Los Angeles, CA 90006

Phone: (213) 383-4706 Fax: (213) 260-6101

退学届

Notice of Withdrawal from School

生徒名 _____ 学年 _____ 担任 _____
STUDENT'S NAME GRADE/CLASS HOMEROOM TEACHER

退学年月日 (DATE OF WITHDRAWAL) _____ / _____ / _____

下記の理由により、子供を退学させますので、お届け致します。

I (We) would like to withdraw my (our) child from the school for the following reason(s).

_____ 学園主任殿
(name of the school)

署名 _____ 日付 _____ / _____ / _____
signature date

For office use only
Received on _____
Office Manager _____
Principal _____

Rev. 5-2015

注：退学届を提出するまで授業料の支払いが生じます。

note:

Tuition is payable until the withdrawal form is submitted.