



CHIJ Our Lady of Good Counsel

Established 1960

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CCA Withdrawal/Transfer Form

Name : _____ (Index No)

B/C No : _____

Class : _____

Date of Request : _____

Current CCA:	Name of Teacher:	Teacher's Signature:
New CCA:	Name of Teacher:	Teacher's Signature:

(Please attach parent's letter along with this Withdrawal/Transfer form)

Parent's Name : _____

Contact No : _____

Parent's Signature : _____

OFFICIAL USE

The CCA which the student is assigned to is

Signature of HOD: _____ Date: _____

ACKNOWLEDGEMENT SLIP

(To be filled by AE)

Name: _____ Class: _____

Your transfer request to (Name of CCA) is *Approved / Rejected.

Acknowledged by

Admin Executive : _____ Date: _____