



## **Enrolment /Notice of Withdrawal - SFO**

*Please choose:*

Enrolment

Withdrawal

Date for enrolment / Withdrawal: \_\_\_\_\_

Student's Name: \_\_\_\_\_

CPR-number: \_\_\_\_\_

Class: \_\_\_\_\_

**Both custody holders must sign this form if there is joint custody.**

Date: \_\_\_\_\_

Parent/Signatur holder 1: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Signature holder 2: \_\_\_\_\_

Signature: \_\_\_\_\_