



**Glow Montessori Centre, Hosur Road**  
**Academic Year 20\_\_\_\_ - 20\_\_\_\_**

**Annexure**

**F**

**REQUEST FOR SCHOOL LEAVING CERTIFICATE**

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

Dear Principal,

We request you to kindly issue School Leaving Certificate to my ward \_\_\_\_\_  
\_\_\_\_\_( full name as per registration) studying in \_\_\_\_\_ (Class &Section)  
at your school. This SCL is required on account of\_\_\_\_\_

(relocation to another city/ country/ admission to another Institution/ other reason)

**Any other request/ concerns:** \_\_\_\_\_

**DECLARATION BY THE PARENT**

**Information specified for requisition of SCL is true and factual , to the best of my knowledge .**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Signature \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Father's Contact Details: \_\_\_\_\_

Mother's Contact Details: \_\_\_\_\_

Signature of the Parent/Student during Submission of Annexure F: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the Office In-Charge: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved for Issue with Instructions:** \_\_\_\_\_

(Chairman/ Principal Signature)

**Instructions to fill the form:**

- This form must be filled only by parents, duly signed, and submitted at the office. Signature of both the parents is mandatory.
- In case any one of the parents is unable to sign this form, a hard copy of a handwritten/ typed authorisation letter, requesting the issue of SCL, duly signed, must be scanned and sent from your registered mail id to [info@gmchrd.com](mailto:info@gmchrd.com)
- All data for the issue of SCL will be taken from the office records.
- SCL will be issued by the end of the academic year. (First week of April).
- The School Leaving Certificate will be handed over ONLY to parents.
- For any concerns or clarifications, kindly send an email to [info@gmchrd.com](mailto:info@gmchrd.com)