



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**
- **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**