ATTN: Malay Special Programme Co-ordinator **Bukit Batok Secondary School** 50, Bukit Batok West Avenue 8, Singapore 658962. Tel: 6379 9413 Email: bbss@moe.edu.sg Name of Student (as on IC): Name of School: School Class: _____ Centre Class: _____ IMPORTANT: THIS FORM MUST BE RETURNED TO BUKIT BATOK SECONDARY SCHOOL BEARING THE SCHOOL PRINCIPAL'S SIGNATURE OVERLEAF. PART A: To be completed by the Student's *Parents/Guardians. 1. NOTICE OF WITHDRAWAL I would like my *child/ward to withdraw from the Malay Special Programme. Name of *Parent/Guardian Signature of *Parent/Guardian Date: _____ 2. REASONS FOR WITHDRAWAL (Pls indicate reasons)

PART B: To be completed by the School Principal	
3. I *recommend/do not recommend that this pupil's application for withdrawal be approved.	
School Stamp	Principal's Signature
	Date:
PART C: To be completed by Bukit Batok Secondary School	
4. This pupil's application for withdrawal is *approved / not approved.	
Comments:	
Bukit Batok Secondary School	Date:

^{*}Pls delete where applicable