

ZAHIRA COLLEGE COLOMBO – 10
APPLICATION FOR SCHOOL LEAVING CERTIFICATE

Admission No. : _____
Name : _____
Date of Admission : _____ Date of Leaving : _____
Class Admission to : _____ Class from which pupil Leaving : _____
Cause of Leaving : _____
Name and Address of Parent / Guardian : _____
Date of Application : ____ / ____ / ____

Signature of Parent / Guardian

	Amount	Amount Paid	Receipt No.	Initials
	-----	-----	----- Add Date	-----
Facilities Fees Due	: _____			
Science Laboratory	: _____			
Botany	: _____			
Zoology	: _____			
Chemistry	: _____			
Physics	: _____			
Book Due College Library	: _____			
College (Free Books)	: _____			
Sports Activities	: _____			
	: _____			
	: _____			
Membership O.B.A.	: _____			

Date : ____ / ____ / ____

Principal

N.B. 10 Days Prior notice should be giving for the request of school leaving / character certificate