



Graduating Students Collection of Refundable Deposit

Student's Name _____
Family Name _____ First Name _____

Homeroom Teacher _____ Year Level _____

Deposit Paid by (Please Circle) Self or Company

An *order check* (payable only to the named payee) will be issued for the refund of deposit. Please complete the following

Account Payee Name: _____

Mailing Address: _____

Tel/ HP/ Fax no. : _____

Please Circle: (1) Self-Collection (2) By Post (3) By Proxy

Signature of Parent/ Guardian as confirmation: _____

- Note:
1. If the Account Payee Name above differs from the current school's record, please enclose a signed letter on a company letterhead (If Applicable)
 2. Please ensure that all library books are returned and attach a voucher to this letter
 3. Please return this letter to the Administration Office
 4. Please note that the Administration Office needs to be notified 2 weeks in advance

For Official Records Only

Received on: _____ By: _____



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