Princeton Community Japanese Language School
Withdraw From (JASL Program)

Date: _____

STUDENT INFORMATION

Student Name:			Date of Birth: M / F
Enrolled Course:			Grade:
Teacher:			Elective Math Class Yes / No
Other Elective Class: Yes / No	If yes, class title:		
Last Day of Class:	Month:	Day:	Year:
Returning Date:	Month:	Day:	Year:
Reason for Withdraw from School			

PARENT / GUARDIAN INFORMATION

Name of Parent / Guardian:	
Current Address:	
Telephone Number: ( ) -	Email Address: @

- Complete this form as soon as your plans are clear and submit it to the PCJLS office.

部　長	ﾃﾞｨﾚｸﾀｰ	事務長	事　務	会　計	日曜事務