

# School Leaving Clearance Form

Student Name

Admission Number

Class / Section

Date

## Departmental Clearance

Department/Section	Status	Remarks	Signature
Library	<input type="text" value="Select"/>		
Laboratory	<input type="text" value="Select"/>		
Accounts	<input type="text" value="Select"/>		
Sports	<input type="text" value="Select"/>		
Class Teacher	<input type="text" value="Select"/>		

Additional Notes/Outstanding Issues

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Parent/Guardian Signature

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Student Signature

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Principal Signature