



Mailing address:
P.O. Box 36/10
Ulaanbaatar City
Mongolia 17032
Phone: 976-70160010
Fax: 976-70160012

Courier Address:
Olympic Street
Four Seasons Gardens
Khoroo 1, Khan-Uul District
Ulaanbaatar City, Mongolia

WITHDRAWAL PROCEDURES 2009-2010

Parents are requested to notify the school in writing in advance of their impending departure from Ulaanbaatar and/or from ISU. Note: at least two weeks' notice is required.

Complete a written **Letter of Withdrawal** (see attached form) to be submitted to Reception. Once the **Letter of Withdrawal** is submitted, you are responsible for:

a. PRIMARY STUDENTS:

i. Complete the Withdrawal Procedures for Primary (see attached):

- **PARENTS - Please see each of the people listed on the Withdrawal Procedures for Primary Students form to ensure that accounts have been settled and that students have returned all ISU property and materials (library books or other school property).**

b. SECONDARY STUDENTS:

i. Complete the Withdrawal Procedures For Secondary Students (see attached):

- **PARENTS - Please see each of the people listed on the Withdrawal Procedures for Secondary Students (see attached) form to ensure that accounts have been settled and that students must ensure that all ISU property and materials (library books, calculators, locker keys etc) have been returned, and ISU accounts have been settled**
- **STUDENTS - Complete the Withdrawal Checklist for Secondary Students – Students must obtain the signature of each of their subject teachers to ensure that all subject material (textbooks, calculators etc) have been returned and that class work has been completed.**

Please note:

- Refunds will be given after all procedures are completed and the appropriate forms have been submitted. See the separate "Admission Policy" document, page 2 for the procedures for Refunds.
- Please ensure that you leave a forwarding address and contact details so that we can either transfer money to your account or follow up on any outstanding matters.

Mr. Gregory Rayl
DIRECTOR



International School of Ulaanbaatar

LETTER of WITHDRAWAL

DATE: _____
Day/Month/Year

STUDENT NAME: _____ GRADE: _____
(First name) (Last name)

STUDENT NUMBER: _____
(For Office Use only)

DATE OF WITHDRAWAL: _____
Day/Month/Year

REASON FOR DEPARTURE: _____

CONTACT INFORMATION:

Street Address: _____

City: _____

Country: _____ Postal Code: _____

Contact Phone Number(s): _____

Email #1: _____ Email #2: _____

Once the withdrawal forms are submitted to the Head of Secondary/Head of Primary, there is a 3-4 working day period to calculate refunds and process the paperwork.

Please provide Bank Account details for the forwarding of any monies to be refunded:

Bank Institution: _____ Bank Number: _____

Beneficiary's full name: (Account holder's full name) _____

Account Number: _____ Transit Number: _____

Bank Address: _____ SWIFT Code: _____

If you prefer a cash refund, please understand that there will be a 4 day working day period between the submission of the Withdrawal Procedures Form and the availability of funds.

Mr. Gregory Rayl
DIRECTOR



International School of Ulaanbaatar

Withdrawal Procedures for Primary Students

DATE: _____
Day/Month/Year

STUDENT NAME: _____ GRADE: _____

STUDENT NUMBER: _____
(For Office Use only)

DATE OF WITHDRAWAL: _____
Day/Month/Year

CONTACT INFORMATION:

Street Address: _____

City: _____

Country: _____ Postal Code: _____

Contact Phone Number(s): _____

Email #1: _____ Email #2: _____

Please complete the following checkout procedures:

Classroom Teacher:

All books and other materials returned

All assignments completed

Classroom Teacher's
Signature: _____

Date: _____

Library:

All borrowed materials returned

Book order filled (e.g., Fun Facts)

Fee to be deducted from library deposit for
damaged or lost books Tg/\$ _____

Appropriate refunds made,
if any Tg/\$ _____

Librarian's
Signature: _____

Date: _____



Canteen:

Paid all money for cafeteria service
(Date received: _____)

Account in order

Cashiers

Signature: _____

Date: _____

Accounts Manager:

Fees and other charges have been paid: ___ Registration ___ Capital ___ Bus ___ Piano

Tuition fees paid: ___ Annual ___ Semester ___ Prorated (Amt \$ _____)

Refunds: ___ Library Refund (Amt \$ _____)

___ Other Refunds (Amt \$ _____)

Justification of other refunds _____

Yearbook to be sent to forwarding address (cost deducted from refund).

***Please note that no refunds will be paid until all ISU property is returned and the procedures completed.**

Account Manager's

Signature: _____

Date: _____

Administration:

Current Academic Year: _____

Letter of Withdrawal
(Date received: _____)

Appropriate refunds made

Letter of certified enrolment, signed by Director

Copy of records given

Receptionist's

Signature: _____

Date: _____

Head of Primary's

Signature: _____

Date: _____

Parent:

Copy of student's file received
(Date received: _____)

Account in order

Parent's

Signature: _____

Date: _____

After receiving all signatures this form is left in the student's permanent school file.

Created October, 2007

