Muslim Converts' Association of Singapore
Darul Arqam Singapore

32 Onan Rd, The Galaxy, S 424484

MCAS

DACCnDAYS WITHDRAWAL FORM

Please read before proceeding:

Withdrawal cut-off date for same month withdrawal: **10th of every month**

Example 1: Withdrawal received by 10th of the month
A withdrawal is received on 9 March. The effective month of withdrawal is April. Students name will be withdrawn from database and billing from April onwards. Billing for the student will be stopped from April onwards.

Example 2: Withdrawal received AFTER 10th of the month
A withdrawal is received on 15 March. The effective month of withdrawal is May. Student is still considered an active student of DACCnDAYS in March and April as the withdrawal form is received past the cut-off date. Student's name will be withdrawn from database and billing from May onwards. Billing for the student will be stopped from May onwards, and last billing is in April.

Student's Name: _____   **Name of Parent / Guardian:** _____

Level: _____   **Contact: (hp)** _____   **Email:** _____

Address: _____

_____

1) **I,** _____ **parent/guardian of the student stated above, hereby confirm that**

    I am withdrawing my child/ward* from DACCnDAYS.

2) **The reason(s) for my withdrawal is / are * (please tick the boxes below)**

    ☐ **The hours are too long / short**   ☐ **The location is far from my current home**

    ☐ **The teachers/lessons are not effective**   ☐ **My child/ward is retained**

    ☐ **My child/ward does not attend classes regularly** ☐ **The facilities are not suitable**

    ☐ **The syllabus is not appropriate for target audience** ☐ **Child/ward focusing on PSLE / GCE Exams**

    ☐ **The programme does not meet my expectation**

    ☐ **Others:** _____

3) **I agree that this withdrawal does not exempt me from settling all outstanding fee (if any), due to**

    Muslim Converts' Association of Singapore and will wait to be advised appropriately.

    _____   _____
    Signature   **Date**

4) **a) Do you have any other child(ren) in DACCnDAYS after this withdrawal? (YES / NO)**

    b) If yes, do you like us to transfer all balance payment to your other child(ren)? (YES / NO)

Withdrawal Form received date: _____

Withdrawal Effective Month: _____

Last Billing Month: _____

_____   _____

Officer Name & Signature   **Date**

☐	SOA for student(s) Cleared	**Signature** _____	**Date** _____
☐	Refund / Arrears	**Amount** _____	**Date** _____
☐	Application Cleared	**Signature** _____	**Date** _____
☐	Other Remarks:	_____	