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**Request to withdraw / change CCA form**  
(Only in the month of October)

Child's name: \_\_\_\_\_ Class: \_\_\_\_\_

Current CCA: \_\_\_\_\_

Reason to withdraw from/or change CCA:

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (name of parent/guardian) *\*support/do not support my child/ward to \*withdraw from/change his/her CCA*

Reason:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's signature

\_\_\_\_\_  
Contact No.

\_\_\_\_\_  
Date

**Part 2: Change of CCA (fill only if applicable)**

**Option of CCAs (all 3 options to be filled):**

Option 1: \_\_\_\_\_ Option 2: \_\_\_\_\_ Option 3: \_\_\_\_\_

**For Official use only:**

Accepted By: \_\_\_\_\_ (CCA) Teacher in-charge: \_\_\_\_\_

Accepted on: \_\_\_\_\_ (Date) Updated in System: Y/N

