



D.S. Senanayake College

Application for the Leaving Certificate

Name:-

Date of Birth:- Religion:-

Last class attended:- Year:-.....

Father's Name:-.....

Father's Occupation:-.....

Address of Parents:-.....

Admission No.:-..... Date of Admission:-

Reason for Leaving:-.....

G.C.E (O/L) Examination

Year:-..... Index No.:-.....

Medium:-.....

	Subject	Grade Obtained		Subject	Grade Obtained
1.	6.	.....	.....
2.	7.	.....	.....
3.	8.	.....	.....
4.	9.	.....	.....
5.	10.	.....	.....

G.C.E (A/L) Examination

Year:-..... Index No.:-.....

Medium:-.....

	Subject	Grade Obtained		Subject	Grade Obtained
1.	4.	.....	.....
2.	5.	.....	.....
3.			

All the particulars given above is correct.

Signature of the student:-.....

Signature of the Parent:-.....

Whether returned All books:- Yes/No

Librarian :-.....

Whether returned Text Books:- Yes/No

Class Teacher:-.....

Whether paid facilities fee:- Yes/No

Recommendation:-
Grade Coordinator
Sectional Head

Behaviour :-..... Disciplinarian:-.....

Agreed to issue Leaving Certificate
Principal

* Leaving Certificate is issued every Tuesdays by 2 p.m. onwards after one week of submitting this application.

Date:-