

Internal Use Only

	Division Office	Director	FP/MS Principal	Head of School
Approval				

	Main Office	Accounting	CBO
Support			



Transfer Certificate

Student Name: _____

Date of Birth: _____

Address: _____

I, the parent/guardian of _____ (Student Name) notify Cheongna Dalton School (CDS) that the above student requests to transfer out to _____ (School Transferring To) as of ____/____/____ (MM/DD/YYYY).

Date: _____

Name of Parent or Guardian: _____

Signature: _____

Contact Phone Number: _____

★ Please give us your Korean Won /U.S. Dollar bank account information respectively. If you do not give us your U.S. dollar bank account information, CDS will send the total refund to your Korean bank account.

1) Korean bank _____ Account No. _____ Account title _____

2) U.S. Dollar bank _____ Account No. _____ Account title _____