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# School Clearance Form

[School Name]

[Address]

[Phone Number]

[Email Address]

## School Clearance Form

### Student/Teacher Information

- Name: \_\_\_\_\_
- ID Number: \_\_\_\_\_
- Grade/Subject: \_\_\_\_\_
- Position/Title: \_\_\_\_\_
- Date of Leaving: \_\_\_\_\_

### Clearance Checklist

Department/Section	Cleared (Yes/No)	Remarks	Signature of Officer
Administration Office			
Academic Office			
Library			
IT Department			

Finance Department			
Security Department			
Sports Department			
Others (specify)			

**Final Clearance Approval**

- **Approved By:** \_\_\_\_\_
- **Designation:** \_\_\_\_\_
- **Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_