

[School Letterhead]  
[School Name]  
[School Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]

To Whom It May Concern,

This is to certify that [Student's Full Name], son/daughter of  
[Parent's/Guardian's Name], has completed [his/her] studies at [School  
Name] and is hereby granted this School Leaving Certificate.

[Student's Full Name] has been a student of this institution from [Start  
Date] to [End Date] and has successfully completed [mention grade/class]  
as of [Leaving Date].

We wish [him/her] all the best in [his/her] future endeavors.

Sincerely,

[Principal's Name]  
[Designation]  
[School Name]  
[Signature]