

LEAVING SCHOOL FORM FOR PARENTS

IF YOUR CHILD IS LEAVING SCHOOL, PLEASE COMPLETE THIS FORM AS FULLY AS POSSIBLE AND RETURN IT TO THE SCHOOL OFFICE.

SCHOOL NAME _____

Why you need to complete this form:

- Your current school is expected to transfer information to the new school.
- The School and Local Authority have a duty to track your child's education.
- If you fail to provide details to either the school/local authority further checks will be carried out to determine your child's new educational provision which may include contacting Social Services and the police.

These checks will be undertaken in the interest of safeguarding and to ensure every child is receiving suitable education as legally required by the Education Act 1996.

PUPIL NAME	D.O.B	Year/Reg	Leaving Date
	/ /		Last Day:
	/ /		Last Day:
	/ /		Last Day:

NEW SCHOOL DETAILS	
<input type="checkbox"/> NEW SCHOOL – Please supply Name & Address of new school with Telephone and Email If you have applied for or accepted a new school place (<i>confirmation will be sought from the new school of your child's enrolment and start date, even if the school is abroad</i>) If you are not sure of the details as yet, please let the school know as soon as possible. Please give detail	School Name: _____ Address Line 1 _____ Address Line 2 _____ Country _____ School Telephone _____ School Email _____ Start Date _____

LEAVING DETAILS <i>Please complete fully</i>	
<input type="checkbox"/> MOVING ADDRESS (<i>i.e. your new address does not make it feasible to continue to attend your current school</i>)	Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ Post Code _____
	Borough _____ County _____ Local authority _____
And if also moving COUNTRY Please specify	Country _____ Date of Leaving the UK _____

PARENT CONTACT DETAILS (with whom child will be living)

Father/Carer Name	
Mother/Carer Name	
Mobile Number/s	
Landline Telephone	
Email	

EXTRA CONTACT DETAILS PLEASE COMPLETE
We will only contact them if we need information and cannot contact you about your child's new school. Please choose a friend or relative who you will be staying in touch with and who is not expected to move in the near future.

Friend/Relative Name	
Relationship to You	
Mobile Number/s	
Landline Telephone	
Email	

SIGNATURE

Parent/Carer Name	
Current Address	
Signature and Date	

OTHER DETAILS

OTHER SIBLINGS who may also be moving. Please List here <i>but also complete a form for each child at the appropriate school</i>	<u>Sibling Name</u>	<u>School</u>
<i>Please provide any other information if appropriate. Use an extra sheet if needed</i>		

THANK YOU FOR YOUR HELP

SCHOOL USE ONLY:

DATE FORM RETURNED TO SCHOOL OFFICE	
DETAILS CONFIRMED	