# **LEAVING SCHOOL FORM FOR PARENTS**



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

Why you must 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 provision.
* 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 are undertaken in the interest of safeguarding and to ensure every child is receiving a**

# **suitable education as legally required by the Education Act 1996.**

# **SCHOOL NAME**

|  |  |  |  |
| --- | --- | --- | --- |
|  **PUPIL NAME**  |  **D.O.B**  |  **CLASS/ YEAR** |  **DATE OF LEAVING**  |
|  |  |  |  |

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| --- | --- |
| **LEAVING DETAILS -MUST COMPLETE**  |  |
| **MOVING ADDRESS** | **FULL ADDRESS:** **POST CODE:****BOROUGH/ COUNTY/LOCAL AUTHORITY:** **COUNTRY:****DATE OF LEAVING THE UK:**  |
| **NEW SCHOOL***If you have applied for or accepted a new school place in your new area, if you are not sure of the details yet, please let school know as soon as possible.* | **NAME AND ADDRESS OF NEW SCHOOL:** **TELEPHONE:** **EMAIL:**  |

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| --- | --- |
| **PARENT/CARER (with whom child will be living) CONTACT DETAILS**  |  |
| **NAME** |  |
| **TELEPHONE NUMBER** |  |
| **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 contactable.* |
| **Friend/Relative Name & Relationship to you** |
| **Telephone number/s:**  |  |
| **Email:** |  |
| **PARENTS/CARER NAME** |
| **CONFIRM CURRENT ADDRESS**  |
| **Signature:**  **Date:** |

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| **OTHER SIBLINGS** who may be moving also- please list here, but also complete a form for each child at the appropriate school:Name School  |
| *Please provide any other information if appropriate.* **Please use an extra sheet if needed.** |

# **SCHOOLS USE ONLY** – DATE FORM RETURNED TO SCHOOL OFFICE…………………

# Details checked…