# **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 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 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/ Yr | Estimated leaving date |
|  | |  |  |  |

|  |  |  |
| --- | --- | --- |
| **LEAVING DETAILS please complete fully** | |  |
| **🗌 MOVING ADDRESS** | **Full Address**  **Post Code**  **Borough /**  **County /**  **Local authority .**  **COUNTRY** | |
| **🗌 NEW SCHOOL**  **Name and Address of new school with**  **Telephone no. and**  **Email**  If you have applied for or accepted a new school place in your new area**, if you are not sure of the details as yet , please let school know as soon as possible. Please give detail** |  | |

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| --- | --- | --- | --- |
| **PARENT 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 )** | | | |
| Tele numbers | | | |  |
| 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 tell us or use an extra sheet if needed** |

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

# Details checked ….