# **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**  |  |

|  |  |
| --- | --- |
| **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 |

|  |
| --- |
|  **OTHER SIBLINGS** who may be moving also . Please list here but also complete a form for each child at the appropriate schoolName 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 ….