New council logo

Pupil Leavers form

Dear Parent

Please complete this form and attach any addition information.

|  |  |
| --- | --- |
| Child’s Name: | Parent’s Name: |
| DOB: | DOB: |
| Year Group: | Telephone Number:  Email address: |
| Your full new address: | New school Name and Address (if known): |
| The last day your child will be attending school: | |
| The reason why your child is leaving | |

**MOST IMPORTANTLY, PLEASE ATTACH A COPY OF YOUR FLIGHT DETAILS:**

**Thank you**