

CHELLASTON INFANT SCHOOL

LEAVER'S FORM



Please complete all shaded boxes on this form

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 DETAILS		
Name	Name	Name
DOB	DOB	DOB
Class	Class	Class
Last Day at School	Last Day at School	Last Day at School

CURRENT ADDRESS	MOVING ADDRESS	MOVING COUNTRY ADDRESS	NEW SCHOOL NAME & ADDRESS
Postcode	Postcode	Postcode/Zip	Postcode
Last Date at Property	Date at New Address	Flight Information If Emigrating	Telephone Number for New School

PARENT CONTACT DETAILS		
Mother Name	Mother Contact Number	Mother Email
Father Name	Father Contact Number	Father 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	Contact Number	Email

SIGNATURE			
Parent Name	Signature	Date	

ANY OTHER DETAILS
Please provide any other information if appropriate.