|  |  |
| --- | --- |
|  | Pupil Leaving Form  This form is to be completed upon notification of a pupil leaving our school, and should be **returned to the Learning Mentor as soon as possible**. |

|  |  |
| --- | --- |
| Pupil Name: | Class: |

|  |  |
| --- | --- |
| Date of Leaving: | Reason for Leaving: |

|  |
| --- |
| Forwarding Address / Destination:  Contact Telephone Numbers: |

|  |
| --- |
| Name of New School: |

|  |
| --- |
| Name of Person Providing Information:  Relationship to Child: |

|  |
| --- |
| Staff Member Completing Form: Date: |

