

# ALEC REED ACADEMY

Bengarth Road, Northolt, Middlesex, UB5 5LQ

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Principal and CEO: Phil Cosby - BSc (Hons), MA



## LEAVING SCHOOL FORM FOR PARENTS/CARERS

*This form must be passed to the Attendance Office*

If your child is leaving school, you are required to complete this form and return it to the Academy. Please fill it in as fully as you can before your child leaves the Academy.

### ***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 or the Local Authority, further checks will be carried out to determine your child's new education provision. This can 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 Name	Date of Birth	Year	Last day attended

### REASON(S) FOR LEAVING

Address of new home (including other countries)
Name, address and phone number of new school:
If pupil is not attending another school then please provide further details:

**'The Collins PiXL Award for Outstanding Progress'** National Award Winners 2014



### PARENT/CARER CONTACT DETAILS

Parent/Carer name	Mobile Number	Landline number	E-mail address
<u>Mother</u>			
<u>Father</u>			
<u>Carer</u>			

### EXTRA CONTACT DETAILS

*We will only contact them if we need information, and we 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	Mobile Number	Landline	Email address

Parent/Carer name	Parent/Carer Signature	Date

Other appropriate information, eg. Application for, or acceptance of, new school place in your new area	Old address (if moving)

**Date of starting new school**    \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Day*    *Month*    *Year*

**Form seen by:**

**Educational Welfare Officer**\_\_\_\_\_ **Date** \_\_\_\_\_

**Principal & CEO** \_\_\_\_\_ **Date** \_\_\_\_\_ **or**

**Head of Primary** \_\_\_\_\_ **Date** \_\_\_\_\_

**Admin Support** \_\_\_\_\_ **Date** \_\_\_\_\_