



# Pupil Movement Form

**PLEASE COMPLETE AND RETURN THIS FORM TO THE SCHOOL OFFICE:**

**Pupil's Name** ..... **DOB:** .....

**Expected Leave Date**..... **Class:**.....

**Parents Names: 1:** .....

2: .....

**Parents e-mail addresses: 1:** .....

2: .....

**Pupil's New Forwarding Address:**

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**Postcode**..... **Contact Tel No:** .....

**Pupil's Previous Address:**

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**Postcode**..... **Contact Tel No:**.....

**New School Address:**.....

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**Postcode** ..... **Contact Tel No:**.....

**Expected Start Date:** .....

**FOR OFFICE USE ONLY:**

LEA/dfes NO:	PUPIL RECORDS SENT:
ACTUAL LEAVING DATE:	DATE:
CTF UPLOADED:	SIGNATURE:
CONFIRMATION OF MOVE:	MISSING CHILD:
SAFEGUARDING: YES/NO	SEN: YES/NO
CLASS TEACHER: YES/NO	UPN:
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