

## PUPIL MOVEMENT FORM

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

Pupil's Name ..... DOB: .....  
 Expected Leave Date..... Class: .....

Pupil's New Forwarding Address.....  
 .....  
 .....  
 .....  
 .....

Postcode.....

New School.....

School Address .....  
 .....  
 .....  
 .....

Postcode .....

Tel: .....

Contact: .....

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 |                                  |