



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:

.....

.....

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

Pupil's Previous Address:

.....

.....

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

New School Address:.....

.....

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: | REPORTED MISSING CHILD: YES/NO |
| SAFEGUARDING: YES/NO | SEN: YES/NO |
| CLASS TEACHER YES/NO | KNOWN TO CHILDREN'S SOCIAL CARE YES/NO |
| REMOVED FROM SIMS YES/NO | CTF SENT? (please circle below) |
| OFF ROLL on CBC YES/NO | VIA ANYCOMMS (local) / S2S (out of area) |
| OFF ROLL REF: | UPN: |
| CTF REF: | |