**IDSALL SCHOOL**

Coppice Green Lane, Shifnal, Shropshire TF11 8PD.

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Headteacher: Ms. M. King

PUPIL LEAVER FORM

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Section 1 – Pupil Details | | | | | | |
| Pupil Name |  | | | | | |
| Date Of Birth |  | Year Group |  | | Gender |  |
| Reason(s) for Leaving | | | | | | |
|  | | | | | | |
| Destination School Name |  | | Anticipated Leaving Date |  | | |
| Any Additional Information | | | | | | |
|  | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 2 – Parent/Guardian Details | | | | |
| Title  (Mr/Miss/Mrs etc.) |  | Full Name |  | |
| Relationship to Pupil |  | Do you have Parental  Responsibility for this Child? | | Yes / No |

|  |
| --- |
| Section 3 – Consent to Share Information |
| All of the information above is correct and I give permission for Idsall School to share information regarding my child with the school named above when contacted by them.  Signed …………………………………………………………………. Date ……………………………………………….  (This information will be retained as per Idsall School Retention Policy) |

|  |  |  |  |
| --- | --- | --- | --- |
| For Office Use Only | | | |
| Reason For Leaving  Mid-Year Transfer Relocation Forces Move EHE CME | | | |
| HOY Informed |  | EWO Informed |  |
| School Requested Info |  | Information Shared |  |