**Admissions Team – Pupil Movement Form (****Please insert school name)**

**Starters**

**You must complete this form for every child who starts your school. It is now a legal requirement to inform the Local Authority of new starters within 5 days. All details requested below must be completed.**

**Please note that you can inform us of multiple school transfers on one form. Please return the completed form to** education.transfers@leeds.gov.uk

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** | **DOB** | **Yr Gp** | **Gender** | **Previous School** | **Current Address** | **Start Date**  | **Does this child have a sibling on the waiting list for whom sibling criteria needs to be added? (if so, please provide sibling’s details)** |
|       |       | Choose an item. | Choose an item. |       |       |       | Yes [ ]  No [ ]  |
|       |       | Choose an item. | Choose an item. |       |       |       | Yes [ ]  No [ ]  |
|       |       | Choose an item. | Choose an item. |       |       |       | Yes [ ]  No [ ]  |
|       |       | Choose an item. | Choose an item. |       |       |       | Yes [ ]  No [ ]  |
|       |       | Choose an item. | Choose an item. |       |       |       | Yes [ ]  No [ ]  |

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| **On roll figures – this should reflect the details of starters given above (including children who are due to start but are not yet on roll):** |
|  **R** | **Y1** | **Y2** | **Y3** | **Y4** | **Y5** | **Y6** | **Y7** | **Y8** | **Y9** | **Y10** | **Y11** |
|       |       |       |       |       |       |       |       |       |       |       |       |

**Pupil Movement Form – Leavers**

**You must complete this form for every child who leaves your school. It is now a legal requirement to provide the**

**Local Authority with all of the details requested below. Please note: this is not a referral for Children Missing Education.**

**Please note that you can inform us of multiple school transfers on one form. Please return the completed form to** education.transfers@leeds.gov.uk.

**Leavers**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** | **DOB** | **New address****(and the date from which they will reside there)** | **Parent/Carer they will be residing with** | **Destination School** | **Have you confirmed the child has started? (if no please follow CME procedure)** | **Date removed from your roll** |
|       |       |       |       |       | Yes [ ]  No [ ]  |       |
|       |       |       |       |       | Yes [ ]  No [ ]  |       |
|       |       |       |       |       | Yes [ ]  No [ ]  |       |
|       |       |       |       |       | Yes [ ]  No [ ]  |       |
|       |       |       |       |       | Yes [ ]  No [ ]  |       |

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| **On roll figures – this should reflect the details of leavers given above:**  |
|  **R** | **Y1** | **Y2** | **Y3** | **Y4** | **Y5** | **Y6** | **Y7** | **Y8** | **Y9** | **Y10** | **Y11** |
|       |       |       |       |       |       |       |       |       |       |       |       |