

**Ludlow Junior School**  
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## LEAVERS FORM – TO BE COMPLETED BY PARENT

Name of child	DOB	Home address

I confirm that my above named child\ren will be leaving the school and the last day of attendance will be \_\_\_\_\_

The reason for this is: \_\_\_\_\_

Our new address will be: \_\_\_\_\_

With effect from: \_\_\_\_\_

Is this move permanent? YES\NO *Please delete as appropriate*

A school place has been secured at: \_\_\_\_\_

My child will be living with: \_\_\_\_\_

Signed		Date	
Print Name			
Relationship to child			
Contact mobile number			