![D_G-Council-col-logo-pos[1]]()

|  |  |
| --- | --- |
| Name |  |
| Year Group |  | Leaving date |  |
| Address |  |
| Your contact details | Email: | Phone: |

**LEAVERS FORM**

**Please record below your expected destination on leaving school (Training Provider / College / University / Other)**

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for leaving | ✓ | Name |  |
| **College** |  | Address |  |
| **University** |  |
| **Employment** |  | Course/Job | *Please include as much detail regarding level as possible* |
| **Volunteering** |  |
| **Training** |  |
| **Other** |  | Please explain |

Please tick if this offer is confirmed by letter from an employer, college, university or training provider

Yes [ ]  No [ ]  Start date of this offer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupil Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pupil Support Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senior Management Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Personalised for school use

|  |
| --- |
| Teachers please initial the last column if all books and materials have been returned |
| Subject | Teacher | Teachers Initials |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| If applicable the appropriate teacher or member of staff should initial the return of the items below |
| Library items returned | Locker key returned | Bus Pass returned | Trophies |
|  |  |  |  |