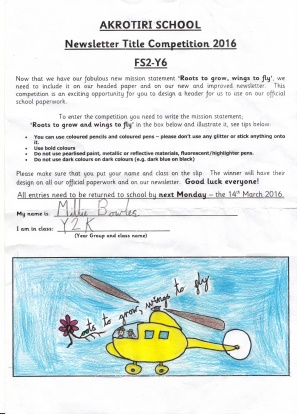
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**AKROTIRI SCHOOL,**

**RAF Akrotiri,**

**BFPO 57**

**Tel: 00-35725-27-6167**

**Fax: 00-35725-27-6837**

**e-mail:** [**Akrotiri.Primary@modschools.org**](mailto:Akrotiri.Primary@modschools.org)

**NOTIFICATION OF**

**LEAVING FORM**



**Akrotiri School**

**ASDP\_1a**

**IMPORTANT NOTE FOR PARENTS**

****

**Please return this form after completion to the School Office as soon as possible.**

* **An envelope containing important documentation for your child/ren will be ready on your child’s last day for collection from the School Office.**
* **You need to sign the ‘Parent’s Confirmation’ box below ON YOUR CHILD’S LAST DAY confirming that you have received the Leaving Pack.**
* **Please hand all documents to the Headteacher of the next School.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CHILD’S/CHILDREN’S NAMES** | **DATE OF**  **BIRTH** | **YEAR GROUP & CLASS TEACHER’S NAME** | **LAST DAY IN**  **SCHOOL** | **LAST DAY ON ISLAND** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Particulars of Head of House:**

**Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Forwarding Details**

|  |  |  |
| --- | --- | --- |
| **\* NAME & ADDRESS OF CHILD’S NEW SCHOOL** | | **NEW HOME ADDRESS/**  **FORWARDING ADDRESS IN U.K** |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Email address:**  **Tel. Number:** | |  |
| **\* PLEASE NOTE:** | ***If you are going to a state funded school in England, please ensure your new school is made aware of your service status, so they can claim extra funding.*** | |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent's Signature**

**PARENT’S CONFIRMATION:**

**I have collected my child’s / children’s ‘Leaving Pack/s’.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR SCHOOL USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **GE** |  |  | |
| **SS** |  |
| **LEAVING PACK PREPARED** | | **SS** |  |
| **DATE** |  | | |