

Pupil Leaving Form Wicklow Educate Together National School

This form must be completed by parents in the event of their child leaving the school, and transferring to another school/setting

Child's Name _____

Date of Birth _____

Child's current class _____

Name and address of new school _____

The class your child will enter in new school _____

Date of enrolment in new school _____

Last date of attendance at Wicklow Educate Together NS _____

I wish to confirm that my child/ren will be transferring to a new primary school.

I consent that staff of Wicklow Educate Together NS can communicate (either verbally or in writing) to the new school details of my child's progress which may include the following:

- Results of standardised tests
- End of year school reports,
- Student Support Plans,
- Care Plans
- Irish Exemption
- EAL needs

Signed _____

Date _____