



Student Changes Form

Please enter new information and pass to College Office

Name:	Tutor Group:
Address:	Emergency Contact(s) <i>(Name, address, relation to student, Telephone number)</i>
Telephone Number:	Medical Detail:
Other Changes:	
Leavers Details:	
Date of Leaving:	
Destination:(name of new school)	
Reason for leaving: <i>(please tick)</i>	
Employment	<input type="checkbox"/>
Exclusion	<input type="checkbox"/>
Further Education	<input type="checkbox"/>
School (within LEA)	<input type="checkbox"/>
School (outside LEA).	<input type="checkbox"/>
Youth Training	<input type="checkbox"/>
Unknown	<input type="checkbox"/>

For Office Use:

Register		SIMS		GHI		School Services		Emergency Contact Contacts Files (KH/ HOY/Office)
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