

**MANAGED MOVE STUDENT INFORMATION FORM**

**PART C** – to be completed by the new school / provision

|  |  |
| --- | --- |
| Student Name |  |
| Student UPN |  |
| Name of new school/provision |  |
| Start date for managed transfer |  |
| Any agreed attendance arrangements | |
|  | |
| End date for managed transfer period |  |
| Date of final review meeting |  |
| Transport arrangements | |
|  | |
| Other issues | |
|  | |
| Head Teacher signature |  |
| Head Teacher name |  |
| Parent /guardian signature |  |
| Parent/guardian name |  |
| Parent/guardian signature |  |
| Parent/guardian email address |  |
| Parent/guardian name |  |

Please scan and email the completed form (Part C) to [prp@torbay.gov.uk](mailto:prp@torbay.gov.uk)