**Withdrawal Form for Alternative Provision**



**Please send to** enquiry@nrce.co.uk **when completed**

**New Roots Care & Education requires a term notice of withdrawal. This can be accepted with an early exit with the discussion with the head of the organisation**

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| **Learner Name:** | **DOB:** |
| **School:** | **Year:** |
| **Provision Details to be withdrawn from:** |
| **From what date:** |
| **Reason for withdrawal:** |
| **Authorised by:** | **Date:** |