**(To be completed by the receiving school)**

**Please complete and return when pupil is on roll to allow transfer of remaining AWPU.**

Pupil name:

Current address:

Postcode:

DOB ­­­­­­­­­­­­:                                                                 Year group:

Donor school:

DfE No:

Receiving school

DfE No:

Placement dates: to

Date registered as main single registration at receiving school:

**Please return the completed form to the Attendance and Children Missing Education Team at Coventry City Council:** [**exclusions@coventry.gov.uk**](mailto:exclusions@coventry.gov.uk)**.**