

CLM LEARNER WITHDRAWAL FORM



TO BE COMPLETED BY SCHOOL / AP

Please complete and return this form with an updated LIF and completed Learner Passport by email to fapassessmentgateway@warwickshire.gov.uk

School & Child/Young Person Details

School Name	
CYP Name (full/ legal name)	
Date of Birth	
National Curriculum Year Group	
ULN Number	
UPN Number	

Alternative Education Provider & Course Details

Alternative Provider Name	
Course Title	
Actual Withdrawal Date	

Managed Move Placements

Receiving School Name	
MM end date	
Successful Y/N	
Number of weeks completed	

Reason for Withdrawal (tick one)

Completed: full achievement	
Completed: partial achievement	
Learner withdrawn: learner initiated	
Learner withdrawn: provider initiated	
Learner withdrawn: school initiated	
Failed (Managed Move)	

