

**LIPA**  
**SIXTH FORM**  
**COLLEGE**

**Record of Permanent Exclusion**

**Part 1 – Student Details**

Title: Mr, Miss, Mrs, Mx	Surname:	Forename(s)
Address:		
Telephone number:	Programme Area:	
Course Title:	Date of Birth:	

**Part 2 – Details**

Permanent Exclusion Issued by:	Date:
Staff Signature:	
Student Signature:	

Letter Attached: <input type="checkbox"/>
---