

IN YEAR APPLICATION FORM

STUDENT DETAILS		
Legal Surname	First Name	Middle Name
Date of Birth	Male / Female	Is there a statement of Special educational Needs or an Education Health Care Plan? Yes / No
Is the student a looked after child? (in care) Yes / No	Has the student previously been looked after? Yes / No	If "yes" please confirm that evidence is attached Yes / No
Current address of student (including postcode)		Name and address of previous school
APPLICANT DETAILS		
Mr / Mrs / Miss / Ms / Other Surname	First Name	Relationship to Student
Telephone Numbers		Email address
Address if different from student	Are you privately fostering the student Yes / No	
Please indicate if parent/carer is in the Armed Services (Army, Navy, RAF) Yes / No		
STUDENT FAMILY DETAILS		
First Contact		Second Contact
Parent / Carer's full name Mr / Mrs / Miss / Ms		Parent / Carer's full name Mr / Mrs / Miss / Ms
Address and postcode (if different to page 1)		Address and postcode (if different to page 1)
Relationship to student		Relationship to students
Parental Responsibility Yes / No		Parental Responsibility Yes / No
Home Telephone Number		Home telephone Number
Mobile Number		Mobile Number
Work Telephone Number		Work telephone Number
Email Address		Email Address
Names of Brothers and Sisters with their Dates of Birth		

ETHNICITY: Please indicate the student's ethnic origin by ticking ONE of the following

√	Please tick if applicable	√	Please tick if applicable
	Any Other Asian background		Gypsy/Roma
	Any Other Black background		Indian
	Any Other Gypsy/Roma		Information not yet obtained
	Any Other Mixed background		Roma
	Any Other White background		White and Black Asian
	Bangladeshi		White and Black African
	Black African		White and Black Caribbean
	Black Caribbean		White British
	Gypsy		White Irish

Nationality	Religion
First Language	Language spoken at home

OTHER DETAILS

If you are moving house please complete these details Student's future address, including postcode	Date of move
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Please indicate if the student has been:	
Adopted from care	Yes / No
Left under a Residential Order	Yes / No
Left care under a special guardianship order	Yes / No
Left care under a child arrangement order	Yes/No
Please provide supporting evidence eg photocopy of the relevant order	

Medical History
Please give details of any medical facts or physical difficulties that may affect the student in school eg asthma, eczema, diabetes, allergies, recurring illnesses, problems with hearing, sight or speech
Name and Address of Medical Practice

When would you like the student to start	
<p>Your child cannot be guaranteed a place at any school including their catchment school</p> <p><i>The Academy will use the information you have provided in accordance with the General Data Protection Regulation. The information may be checked and/or shared where necessary with other admission authorities, local authorities, schools or education professionals and Suffolk County Council. The information may also be shared with other agencies to help you and your family to receive the appropriate services for your child's education, to help prevent fraud or if required to do so by law.</i></p>	
PARENTAL DECLARATION (MUST BE COMPLETED)	
<p><i>I confirm that I have read the in-Year Admissions to Schools in Suffolk 2020/2021 guide, the admissions policy for the school, the relevant Directory of Schools and the guidance notes attached to this application form. I also confirm that the information I have given on this form is true and that I have parental responsibility</i></p>	
Signature of Parent / Carer	Date:
SCHOOL USE ONLY	
Date application received	