

## IN YEAR APPLICATION FORM

SECTION 1 - PUPIL'S PERSONAL DETAILS			
Pupil's surname		Pupil's forename	
Legal surname		Legal forename	
Date of birth		Gender	
Pupil's address			
Telephone number			
Country of birth		Nationality	
Child's first language		Religion	
Previous school name			
Previous school address			
Previous school telephone number			
<p>Travel (Please tick <b>one</b> box only)</p> <p><input type="checkbox"/> Walk; <input type="checkbox"/> Car/Van; <input type="checkbox"/> Car share; <input type="checkbox"/> Bike; <input type="checkbox"/> Taxi; <input type="checkbox"/> Bus; <input type="checkbox"/> Other.</p> <p>Lunch (Please tick)</p> <p><input type="checkbox"/> Free school meal; <input type="checkbox"/> Paid school meal; <input type="checkbox"/> Sandwiches; <input type="checkbox"/> Home.</p> <p>Special dietary requirements</p> <p>Please indicate if parent/carer is in the Armed Services (Army, Navy, RAF) Yes/No</p>			



Please tick if your child has been:

☐ Adopted from care; ☐ Left care under a Residential Order ☐ Left care under a Special Guardianship Order; ☐ Left care under a Child Arrangement Order.

If you have answered yes to any of the above questions, please provide further evidence in order for us to support your child.

**For school use only:**

Admission No		Admission date	
Class		UPN	

**SECTION 2 - PUPIL'S FAMILY DETAILS**

**Priority contact 1 - MR/MRS/MISS/MS (please circle)**

Forename		Surname	
Relationship to child		Parental responsibility	YES/NO
Address (if different to child)		Telephone number	
Email address			

**Priority contact 2 - MR/MRS/MISS/MS (please circle)**

Forename		Surname	
Relationship to child		Parental responsibility	YES/NO
Address (if different to child)		Telephone number	



Email address			
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SECTION 3 - SIBLINGS					
Number of siblings		Place in the family			of
SIBLING DETAILS					
Name		Date of Birth		School they attend	
Name		Date of Birth		School they attend	
Name		Date of Birth		School they attend	
Name		Date of Birth		School they attend	

SECTION 4 – EMERGENCY DETAILS			
<b>First contact</b>			
Full Name		Address	
Contact number		Relationship	
<b>Second contact</b>			
Full Name		Address	



Contact number		Relationship	
<b>Third contact</b>			
Full Name		Address	
Contact number		Relationship	
<b>Health and Medical</b>			
Known medical conditions			
Medicines required at school			
Doctor's name		Practice name	
Practice address		Practice telephone number	
<b>When would you like the student to start?</b>			
<b><i>Your child cannot be guaranteed a place at any school including their catchment school</i></b>			
<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, school or educational 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>			
<b>Parental Declaration (must be completed)</b>			
<b><i>I confirm that I have read the relevant In-Year Admissions to School in Suffolk 2023/2024</i></b>			



*guide, the admissions policy for the school, the relevant Directory of Schools and any guidance notes. I also confirm that the information I have given on this form is true and that I have parental responsibility*

**Signature of Parent/Carer**

**Date:**

**School use only**

Date application received:



Please indicate your child's ethnic origin by ticking **ONE** of the following:

OAFG	Afghan
AAFR	African Asian
AKS	AKAS - Kashmiri
WALB	Albanian
OARA	Arab Other
MAOE	Asian & Any Other Ethnic Group
MABL	Asian & Black
MACH	Asian & Chinese
ABAN	Bangladeshi
BANN	Black - Angolan
BCON	Black - Congolese
BGHA	Black - Ghanaian
BNGN	Black - Nigerian
BSLN	Black - Sierra Leonian
BSOM	Black - Somali
BSUD	Black - Sudanese
MBOE	Black & Any Other Ethnic Group
MBCH	Black & Chinese
BCRB	Black Caribbean
BEUR	Black European
BNAM	Black North American
WBOS	Bosnian- Herzegovinian
MCOE	Chinese & Any Other Ethnic Group
WCRO	Croatian
OEGY	Egyptian
OFIL	Filipino
WGRK	Greek
WGRC	Greek Cypriot
WROM	Gypsy / Roma
CHKC	Hong Kong Chinese
AIND	Indian
NOBT	Information Not Yet Obtained
OIRN	Iranian
OIRQ	Iraqi
WITA	Italian
OJPN	Japanese
AKAO	Kashmiri Other
AKPA	Kashmiri Pakistani
OKOR	Korean
WKOS	Kosovan
OKRD	Kurdish
OLAM	Latin/ South/ Central American
OLEB	Lebanese
OLIB	Libyan

OMAL	Malay
CMAL	Malaysian Chinese
AMPK	Mirpuri Pakistani
OMRC	Moroccan
ANEP	Nepali
AOTA	Other Asian
BOTB	Other Black
BAOF	Other Black African
COCH	Other Chinese
OOEG	Other Ethnic Group
MOTM	Other Mixed Background
AOPK	Other Pakistani
WOWB	Other White British
OPOL	Polynesian
WPOR	Portuguese
REFU	Refused
WSER	Serbian
CSNG	Singaporean Chinese
ASNL	Sinhalese
ASLT	Sri Lankan Tamil
CTWN	Taiwanese
OTHA	Thai
WIRT	Traveller of Irish Heritage
WTUK	Turkish
WTUC	Turkish Cypriot
OVIE	Vietnamese
WOTW	White
WCOR	White - Cornish
WIRI	White - Irish
WSCO	White - Scottish
WWEL	White - Welsh
MWAO	White & Any Other Asian Background
MWOE	White & Any Other Ethnic Group
MWBA	White & Black African
MWBC	White & Black Caribbean
MWCH	White & Chinese
MWAI	White & Indian
MWAP	White & Pakistani
WEEU	White Eastern European
WENG	White English
WEUR	White European
WWEU	White Western European
OYEM	Yemeni