Ipswich Academy
Part of Paradigm Trust

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			

Country of birth		Nationality	
Child's first language		Religion	
Date of arrival in UK (if applicable)			

Previous school name	
Previous school address	
Previous school telephone number	

Travel (Please tick **one** box only)

[ ]Walk; [ ]Car/Van; [ ]Car share; [ ]Bike; [ ]Taxi; [ ]Bus; [ ]Other.

Lunch (Please tick)

[ ] Free school meal; [ ] Paid school meal; [ ] Sandwiches;

Special dietary requirements

Please indicate if parent/carer is in the Armed Services (Army, Navy, RAF) Yes/No

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.

Does your child have a current EHCP? Yes/No - delete as applicable

Are you aware of any additional needs your child might have? Yes/No - delete as applicable.

If yes please add details here _____

_____

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			

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			
First contact			
Full Name		Address	
Contact number		Relationship	
Second contact			
Full Name		Address	
Contact number		Relationship	

Third contact			
Full Name		Address	
Contact number		Relationship	
Health and Medical			
Known medical conditions			
Medicines required at school			
Doctor's name		Practice name	
Practice address		Practice telephone number	
When would you like the student to start?			
Your child cannot be guaranteed a place at any school including their catchment school *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.*			
Parental Declaration (must be completed)			
I confirm that I have read the relevant In-Year Admissions to School in Suffolk 2026/2027 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	OMAL	Malay
AAFR	African Asian	CMAL	Malaysian Chinese
AKS	AKAS- KAshmiri	AMPK	Mirpuri Pakistani
WALB	Albanian	OMRC	Moroccan
OARA	Arab Other	ANEP	Nepali
MAOE	Asian & Any Other Ethnic Group	AOTA	Other Asian
MABL	Asian & Black	BOTB	Other Black
MACH	Asian & Chinese	BAOF	Other Black African
ABAN	Bangladeshi	COCH	Other Chinese
BANN	Black - Angolan	OOEG	Other Ethnic Group
BCON	Black - Congolese	MOTM	Other Mixed Background
BGHA	Black - Ghanaian	AOPK	Other Pakistani
BNGN	Black - Nigerian	WOWB	Other White British
BSLN	Black - Sierra Leonean	OPOL	Polynesian
BSOM	Black - Somali	WPOR	Portuguese
BSUD	Black - Sudanese	REFU	Refused
MBOE	Black & Any Other Ethnic Group	WSER	Serbian
MBCH	Black & Chinese	CSNG	Singaporean Chinese

BCRB	Black Caribbean	ASNL	Sinhalese
BEUR	Black European	ASLT	Sri Lankan Tamil
BNAM	Black North American	CTWN	Taiwanese
WBOS	Bosnian- Herzegovinian	OTHA	Thai
MCOE	Chinese & Any Other Ethnic Group	WIRT	Traveller of Irish Heritage
WCRO	Croatian	WTUK	Turkish
OEGY	Egyptian	WTUC	Turkish Cypriot
OFIL	Filipino	OVIE	Vietnamese
WGRK	Greek	WOTW	White
WGRC	Greek Cypriot	WCOR	White - Cornish
WROM	Gypsy/Roma	WIRI	White - Irish
CHKC	Hong Kong Chinese	WSCO	White - Scottish
AIND	Indian	WWEL	White - Welsh
NOBT	Information Not Yet Obtained	MWAO	White & Any Other Asian Background
OIRN	Iranian	MWOE	White & Any Other Ethnic Group
OIRQ	Iraqi	MWBA	White & Black African
WITA	Italian	MWBC	White & Black Caribbean
OJPN	Japanese	MWCH	White & Chinese
AKAO	Kashmiri Other	MWAI	White & Indian
AKPA	Kashmiri Pakistani	MWAP	White & Pakistani
OKOR	Korean	WEEU	White Eastern European
WKOS	Kosovan	WENG	White English
OKRD	Kurdish	WEUR	White European
OLAM	Latin/South/Central American	WWEU	White Western European
OLEB	Lebanese	OYEM	Yemeni
OLIB	Libyan		