



In-year application form 2018/2019 for Debenham High School

FORM ADM1

We strongly recommend that you read the booklet Admissions to Schools in Suffolk 2018/2019, the relevant Directory of Schools in Suffolk and the guidance notes attached before completing this form. The booklet and directories are available online at: www.suffolk.gov.uk/admissions.

Please print in capital letters

Child's details		
Child's legal last name:	First name:	Middle name:
Child's date of birth:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Does your child have a Statement of Special Educational Needs or an Education, Health and Care plan? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Is the child a looked after child (child in care): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Is your child previously looked after? (see Note 1): Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
If you have ticked Yes, please tick this box to confirm if you have attached evidence: <input type="checkbox"/>		
Child's current address: (see Note 2)		Postcode:
Name of current school (if applicable) and address:		Year Group applying for:

Applicant's details		
Parent/Carer: Mr / Mrs / Miss / Ms Last name:	Initials:	Relationship to child:
Telephone numbers:	Email address:	
Address if different to the child's, including the postcode:		
Are you privately fostering this child? (see Note 3) Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

Other details	
If you are moving house, please fill in these boxes (see Note 2)	
Child's future address, including postcode:	Date of move:
Are you a UK Service/returning Crown Servant Family? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
School use only Date application received:	

Your child cannot be guaranteed a place at any school

School preference (see Note 4)

Please write your school preference in this box:

Do any of your other children attend this school? (see Note 5)

Child's name:

Date of birth:

Reasons (you do not have to fill in this section if you do not want to, see Note 6)

Please complete this section where relevant

Tick this box to confirm you have attached, taken or sent a Supplementary Information Form (SIF) to the school direct (see Note 7):

When would you like your child to start at your preferred school:

Data Protection

The Governing Body/Academy Trust will use the information you have provided in your application for a school place in accordance with the General Data Protection Regulations 2018. Further information will be available from the school or the school's website.

Suffolk County Council's Privacy Notice is available at www.suffolk.gov.uk/CYPprivacynotice. This privacy notice tells you what information Suffolk County Council's Children's Services collects and uses, and your rights regarding your information.

Parental declaration (MUST be completed)

I confirm that I have read the In-Year Admissions to Schools in Suffolk 2018/2019 guide, the admissions policy for the school applied for, 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 am a parent of this child as defined under section 576 of the Education Act 1996, please see Note 8.

Parent / Carer's signature:

Date:

Where to send this form (we strongly suggest you get proof of posting)

Please send this form directly to the school you are applying for. Contact details can be found online at: www.suffolk.gov.uk.