



# In-year application form 2017/2018 for Debenham High School

We strongly recommend that you read the booklet Admissions to Schools in Suffolk 2017/2018, 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](http://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 <b>Note 1</b> ): 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 <b>Note 2</b> )		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 <b>Note 3</b> ) Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Other details		
If you are moving house, please fill in these boxes (see <b>Note 2</b> )		
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"/>		

**Your child cannot be guaranteed a place at any school including their catchment area school**

<b>School preference</b> (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)	

<b>Please complete this section where relevant</b>
Tick this box to confirm you have attached, taken or sent a Supplementary Information Form (SIF) to the school direct (see Note 7): <input type="checkbox"/>

<b>When would you like your child to start at your preferred school:</b>	
--	--

<b>How the Governing Body/Academy Trust will use your information</b>
The Governing Body/Academy Trust will use the information you have provided in your application for a school place in accordance with the Data Protection Act 1998. They will check and/or share this information, where necessary, with other admission authorities, local authorities, schools or education professionals, and Suffolk County Council's home to school transport service, to process your application and support the development of services. They will also use the information to enable Suffolk County Council to keep up to date figures on the availability of school places. They may share your information with other agencies to help you and/or your family to receive the appropriate services for your child's education, to help prevent fraud, or if required to do so by law.
<b>Parental declaration (MUST be completed)</b>
I confirm that I have read the booklet Admissions to Schools in Suffolk 2017/2018, 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 I have parental responsibility.
<b>Parent / Carer's signature:</b>
<b>Date:</b>

<b>Where to send this form (we strongly suggest you get proof of posting)</b>
Please send this form directly to the school you are applying for. Contact details can be found online at: <b>www.suffolk.gov.uk</b> .