# In-year application form 2026/2027 for Debenham High School

FORM ADM1

We strongly recommend that you read the booklet Admissions to Schools in Suffolk 2026/2027, 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.**

IF YOUR CHILD HAS AN EDUCATION, HEALTH AND CARE PLAN (EHCP) YOU DO NOT NEED TO CONTINUE WITH THIS APPLICATION. Please contact Statutory SEND Services who will be able to advise and support if you have any questions about this process:

- Early Years and Primary: SENDEYP@suffolk.gov.uk or 0345 606 6067
- South Suffolk and Ipswich: SENDSecondary@suffolk.gov.uk or 0345 606 6067

**Please print in capital letters**

## Child's details

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

## Applicant's details

| Parent/Carer: Mr / Mrs / Miss / Ms<br>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: ☐ No: ☐ | | |

## 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: ☐ No: ☐ | |

**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**)<br><br>Child's name:<br><br>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.<br><br>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 2026/2027 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**. |