

JOHN MILTON ACADEMY TRUST

Ambition · Aspiration · Excellence

In-Year Application Form 2023/2024

We strongly recommend that you read the Guidance for In-Year Admissions 2023/2024 before completing this form as well as the information for the 2023/2024 school year available online at www.suffolk.gov.uk/admissions or contact the Admissions Team on 0345 600 0981 or by email: admissions@suffolk.gov.uk Please also look at the School Travel Policy at www.suffolkonboard.com/schooltravel

Please print in capital letters

Child's details								
Child's legal last name:		First name:		Midd	le name(s):			
	NA-I	Commont Volum	V C		94 6			
Child's date of birth	Male:	Current Year	Year Group	Does your ch				
(DD/MM/YYYY):	Female:	Group:	applying for:	(EHC) plan?	lealth and Care Yes: No:			
Is the child in care (looked after child)?		, ,		ļ', ''.	ou have ticked Yes, please tick this			
(see Note 1):				irm if you have attached				
Yes: No:	Yes: * No: evid							
Was your child adopted from s	tate care outside	of England? (see	Note 3):					
Yes: No:	tate care outsia	e or England. (See	11010 37.					
Please provide name and conta	act details of any	Local Authority	who has been invo	lved:				
Child's current address: (see N	ote 4)			Posto	Postcode:			
·	·							
Name and address of current/	previously attend	ded school or edu	ication provision:					
Applicant's details (see No	ote 5)							
Parent/Carer: Mr / Mrs / Miss		Initials:	Relat	ionship to child:				
Last name:								
Telephone numbers:			Email address:					
Address if different to the child	d's, including the	postcode:						
Are you privately fostering this child? (see Note 6) Yes: No:								
Are you a UK Service/returning Crown Servant Family? Yes: No:								
No.								
Other details								
If you are moving house, please fill in these boxes (see Note 4)								
					5			
Child's future address, including			Date of mo	ve:				

Your child cannot be guaranteed a place at any school

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School preference (see Note 8)	
Please write your school preference in this box:	When would you like your child to start at your preferred school:
Reasons (you do not have to fill in this section if you do not want to, see Not o	e 9):
Do any of your other children attend this school? (see Note 8)	
Child's name:	Date of birth:
Child's name:	Date of birth:
Child's name:	Date of birth:
Data Protection	
The School / Academy Trust will use the information you have provided in you accordance with the General Data Protection Regulations 2018. Our Privacy Notices or you can request a paper copy by contacting the Trust on: 01449 7	Notice is available on our website: Privacy
Suffolk County Council's Privacy Notice is available at www.suffolk.gov.uk/C	CYPprivacynotice.

These privacy notices tells you what information our schools and 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 Guidance for In-Year Admissions 2023/2024, the admissions policy for the school applied for, the relevant information for the 2023/2024 school year online at www.suffolk.gov.uk/admissions or contacted the School or Admissions Team. I have read the School Travel Policy and understand how eligibility for Suffolk County Council funded school travel will be decided. 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 5.

Parent / Carer's signature:	Date:	

Where to send this fo	School use only			
Bacton Primary	Cedars Park Primary	Mendlesham Primary	Stowupland High	Date received
Tailor's Green	Pintail Road	Old Station Road	Church Road	application:
Bacton	Stowmarket	Mendlesham	Stowupland	
IP14 4LL	IP14 5FP	IP14 5RT	IP14 4BQ	





Primary School



Primary School





Bacton Primary School

Cedars Park **Primary School** Mendlesham **Primary School** **Stowupland** High School