



A Casual or Mid-year application is an application for admission which is not for the start of the entry year. Please read the booklet 'Schools In Suffolk - A Parents' Guide to Admissions' for the school year relevant to your child's admission

Please print in capital letters

Child's legal surname:	Forename:	Middle Name:
Date of birth:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Is the child in Public Care? (See Note 1) Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Present or Most Recent School: (see overleaf)		Does your child have a Statement of Special Educational Needs? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Parent/Carer Mr/Mrs/Miss/Ms: Surname:	Initials:	Relationship to child:
Child's current address: (See Note 2)		
Postcode:	Telephone numbers:	Email address:

If you are moving house, please fill in these boxes (see Note 2)

Child's future address:	Date of move:	Returning UK Service/Crown Servant Family: Yes: <input type="checkbox"/>
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Date on which you want your child to start at your preferred school: _____

First preference

Please write the name of your first preference school in this box:	Is this your catchment school? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Reasons (you do not have to fill in this section if you do not want to)	

Second preference (optional)

Please write the name of your second preference school in this box:	Is this your catchment school? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Reasons (you do not have to fill in this section if you do not want to)	

Third preference (optional)

Please write the name of your third preference school in this box:	Is this your catchment school? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Reasons (you do not have to fill in this section if you do not want to)	

Important: please turn over to sign this form

Will you have another child attending any of the schools you listed in your preferences? If so please write their details below: (See Note 3)

First preference	Child's name:	Date of birth:
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Second preference	Child's name:	Date of birth:
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Third preference	Child's name:	Date of birth:
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If you are applying for a place at a school in Suffolk please complete this section

If your child has a physical disability and you have applied for your preferred Suffolk school because you feel only that school is able to deal with your child's disability, you must attach a supporting letter from your doctor or the school medical officer:

Please tick this box if you have attached this letter:

If your application for a place at a Suffolk voluntary-controlled school is based on religious grounds, you must attach a supporting letter from a priest or minister confirming that you go to church regularly.

Please tick this box if you have attached this letter:

If you are applying for a place at a Suffolk voluntary-aided school, you must also get a Supplementary Information Form (SIF) from the school, fill it in and take or send it to the voluntary-aided school direct.

Please tick this box to confirm you have taken or sent a SIF to the voluntary-aided school direct:

Details of present or most recent school attended if outside Suffolk

School address:	Postcode:	
Phone number:	Headteacher/contact name:	Date last attended this school:

If your child is given a place at an out-catchment school of your preference rather than their catchment school, you will have to get your child to and from school and pay for any transport needed.

Signature (must be completed)

The above information is true to the best of my knowledge and belief. I understand that if a place is offered on the basis of any false information given by me, the place may be withdrawn by the county council prior to admission.

Parent or carer's signature:

Date:

Where to send this form:

1. If you are applying to your catchment school or a voluntary-aided school as a first preference, please send the form directly to the school. If your child's year group is already full, the school will forward the form to the local Area Office for processing.
2. All other applications should be sent to your local Area School Admissions team.

Area School Admissions Teams - Contact details	Telephone	Email
Admissions North Adrian House, Alexandra Road, Lowestoft NR32 1PL	0845 600 0981	admissions.north@csduk.com
Admissions South St Edmund House, Rope Walk, Ipswich IP4 1LZ	0845 600 0981	admissions.south@csduk.com
Admissions West West Suffolk House, Western Way, Bury St Edmunds IP33 3YU	0845 600 0981	admissions.west@csduk.com

Website: www.suffolk.gov.uk/admissionstoschools

Note 1: Children in Public Care (sometimes known as 'Looked After Children') are defined as being subject to a Care Order, an Interim Care Order or accommodated by the Local Authority.

Note 2: Please give your child's current address. If you are planning to move house, please include details of your future address and moving date, if known. If you wish your child's future address to be the one considered as part of your application, you must attach written evidence that you are legally committed to this move. Examples of this evidence would be a letter from a solicitor to say that a house contract has been exchanged or a signed tenancy contract or, for returning UK Service/Crown Servant families, proof of the posting. Please contact your local Area Office for further details.

Note 3: If you have more than one child at the school please name the youngest one at each preference school. This can be a brother or a sister of, or any child living as a family at the same address as, the child for whom you are applying for a school place. Please do not include any child who will be in the sixth form at the time of admission.

School Use only - Date of Admission: