





Primary School



In-Year Application Form 2025/2026

We strongly recommend that you read the Guidance for In-Year Admissions 2025/2026 before completing this form as well as the information for the 2025/2026 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:			Middle name(s):
Child's date of birth	Male:	Current Year	Year Group		your child have an Education, Health
(DD/MM/YYYY):	Female:	Group:	applying for:	Yes:	are (EHC) plan? (see Note 1) No:
Is the child in care (looked after	er child)?	Was your child I	•		ou have ticked Yes, please tick this
(see Note 2): Yes: No:		care? (see Note Yes: *	3): No:	box t evide	o confirm if you have attached
Was your child adopted from s	tate care outsid				
Yes: * No:	ant dataile of any	. Local Authority	uuba has baan inval	vod.	
Please provide name and conta	act details of any	y Local Authority	who has been invol	vea:	
Child's current address: (see N	oto E\				Postcode:
Crilla's current address. (see N	ote 5)				Posicode.
Name and address of current/	oreviously atten	ded school or edu	ucation provision (e	ven if c	outside the UK):
Applicant's details – pare	ent/carer (see	Note 6)			
Parent/Carer: Mr / Mrs / Miss / Ms / Other			Initials:		Relationship 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 Not	e 7)	Yes:	lo:	
Are you a UK Service/returning	Crown Servant	Family?	Yes: No:		

Other details			
If you are moving house, please fill in these boxes (see Note 5)			
Child's future address, including postcode:	Date of move:		
Your child cannot be guaranteed a place	at any school		
School preference (please see Note 8 on school travel)			
Please write your school preference in this box:		Vhen would you like your child to start t your preferred school:	
Reasons (you do not have to fill in this section if you do not want to, see Note 16)):		
Do any of your other children attend this school? (see Note 9)			
Child's name:	ild'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 your with the General Data Protection Regulations 2018. Our Privacy Notice is availated can request a paper copy by contacting the Trust on: 01449 742422.	• •		
Suffolk County Council's Privacy Notice is available at www.suffolk.gov.uk/CYP what information our schools and Suffolk County Council's Children's Services c your information. You can request a paper copy by contacting SCC on 0345 600	ollects and uses, and		
Parental declaration (MUST be completed)			
I confirm that I have read the Guidance for In-Year Admissions 2025/2026, the a relevant information for the 2025/2026 school year online at www.suffolk.gov. Admissions Team. I have read the School Travel Policy and understand how elightravel will be decided. I also confirm that the information I have given on this for defined under section 576 of the Education Act 1996, please see Note 6.	uk/admissions or co sibility for Suffolk Co	ontacted the School or unty Council funded school	
Parent / Carer's signature:		Date:	

Where to send this form (we strongly suggest you get proof of posting)				
Bacton Primary	Tailor's Green, Bacton, IP14 4LL	admin@bactonschool.org.uk	Date received	
Cedars Park Primary	Pintail Road, Stowmarket, IP14 5FP	admin@cedarspark.suffolk.sch.uk	application:	
Mendlesham Primary	Old Station Road, Mendlesham, IP14 5RT	admin@mendleshamschool.org.uk	Date responded:	
Stowupland High	Church Road, Stowupland, IP14 4BQ	enquiries@stowuplandhighschool.co.uk		