This completed form must be returned by 31 October 2023 to ed-admissions@sheffield.gov.uk
Or Admissions Team, People Services, Commissioning, Inclusion and Learning Services,
Floor 5, West Wing, Moorfoot Sheffield S1 4PL

	, 100		Sheffield City Council
Pupil ID		Shoffield Application Form	

For entry to Secondary Schools September 2024																							
Pupil Details																							
Last name																							
First name(s)																							
Date of birth																							
Gender		Male/Female																					
Address																							
City																							
Postcode																							
Current School																							
Does your child h					Yes/No																		
education health and care plan or statement of special educational needs						If yes , you must apply directly to the SEN Team.																	
Children in Care or Previous Children in Care.						Yes/No Note: Previous Children in Care are children who were in care but ceased to be so because they were adopted or became the subject of a Child Arrangement/Residence Order or Special Guardianship Order immediately following being in care. If you are unsure if your child is a Child in Care or																	
Parent Details		Previously in care, please contact the Admissions Team.																					
Title																							
First 0.1 act a cons.(a)																							
First & Last name(s)																							
Relation to the child																							
Address (If different to one above)																							
City & Postcode																							
Telephone/Mobile Number																							
Is there anyone who shares parental responsibility for this child?					Yes/No If yes , please provide - Name:																		
					Relationship to child:																		
					Contact number:																		
					Please confirm that you have discussed the preferences and have their agreement by signing overleaf. We cannot process any application where there is a disagreement between parents.																		
Email Address					15 6	· uic	agit			· DOLV		Pai	OI ILC										

FOR OFFICE USE Please attach additional paper if you need to write more information. 1st Preferred School CM SIB CF O Reason for 1st ranked preference Name of sibling at 1st School Date of Birth Year Group 2nd Preferred School CM SIB CF 0 Reason for 2nd ranked preference Name of sibling at 2nd School Date of Birth Year Group 3rd Preferred School СМ SIB 0 CF Reason for 3rd ranked preference Name of sibling at 3rd school Date of Birth Year Group **Declaration** In the event of your child not receiving an offer of a place at a preferred school, the Authority cannot be held responsible where a place was not offered because of an error made by you because you failed to read the Guide for Parents, Admissions to Secondary School Booklet 2024/25, available at https://www.sheffield.gov.uk/schools-childcare/apply-school-place I declare that all the information I have given is correct and true. **SIGNED** (Parent) PRINT FULL NAME (Parent) Day Month Year DATE

(Not to be used to apply for Private, Independent or Special Schools but you may indicate vour

intention on this form)

Please note: If a child is offered a place at a preferred school based on false or intentionally misleading information provided by you then the offer of the school may be withdrawn.

The Admissions Committee will consider supporting information from a professional and may prioritise your application for an oversubscribed school. It is your responsibility to send the documentation to the Admissions Team regarding additional information or change of address. If you are applying for All Saints, Notre Dame or Parkwood you must also submit the extra documents directly to each school.