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# Application Form for use by Sheffield residents only to

# APPLY FOR A Y3 JUNIOR SCHOOL PLACE – SEPTEMBER 2022

 **STUDENT I.D:** Click or tap here to enter text.

## Pupil Details

 **Last Name:** Click or tap here to enter text.

 **First Name:** Click or tap here to enter text.

**Date of Birth** *(should be between 01/09/14 and 31/08/15)***:**

Click or tap here to enter text.

**Gender (please delete as appropriate):**

**Male / Female**

**Address:**

Click or tap here to enter text.

**City:** Click or tap here to enter text.

**Postcode:** Click or tap here to enter text.

*If you are planning to move house you must tell us. We may need to ask you for proof. The school your child is allocated will be based on your home address as at* ***31st January 2022***

**Current Infant School:** Click or tap here to enter text.

**Is the child a Child in Care or Previous Child in Care (please delete as appropriate):**

**Yes / No**

If yes, it is important that you provide full details, in the reasons section overleaf, so that the child’s application is correctly categorised - we may require proof of the circumstances.

*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 Residence Order or a Child Arrangement Order or Special Guardianship Order immediately following being in care. If you are unsure if your child is a Child in Care or Previous Child in Care, please contact the Admissions Team*.

**If the child has an Educational Health Care Plan** you **must** apply directly to the SEN Team.

## Parent Details

**Last Name:** Click or tap here to enter text.

**First Name:** Click or tap here to enter text.

**Relationship to child:** Click or tap here to enter text.

**Your telephone number:** Click or tap here to enter text.

**Your email address**: Click or tap here to enter text.

**Address**:

Is your home address the same as your child’s (please delete as appropriate)?

**Yes / No**

 If no, where do you live?

Click or tap here to enter text.

**Do you share parental responsibility with another person, who does not live with you (please delete as appropriate)?**

 **Yes / No**

If yes, please provide:

**Name:** Click or tap here to enter text.

**Relationship to Child:** Click or tap here to enter text.

**Contact telephone or email:** Click or tap here to enter text.

By signing overleaf you are confirming that you have discussed the preferences made on this application form with the person named above, and that you both agree on these preferences.

We cannot process any application where there is a disagreement between parents.

**You must return this completed form no later than 15th January 2022 to:**

**Admissions, People Services, Level 5: West Wing, Moorfoot, Sheffield S1 4PL**

**You cannot use this form to apply for special schools (including integrated resources) or private or independent schools. Please email** **ed-admissions@sheffield.gov.uk** **to tell us if your child will be attending a private or independent school.**

**Additional form(s) will need to be completed for voluntary aided school preferences.**

**YOU MUST** make sure you give the full reasons for your preference(s) on this application form, using additional paper if necessary (please put your child’s name and date of birth on any extra sheets). Applications may be prioritised by the Admissions Committee within their admissions category, but only where there are exceptional medical, social or a special educational needs reason for applying for a particular school, and these reasons are confirmed and supported by a professional. It is your responsibility to provide this supporting evidence to the Admissions Team, to be received no later than 31st January 2022 – this information will not be chased up. Please contact Admissions if you require any further advice.

## Preferred Schools

**1st Preferred School**

Click or tap here to enter text.

**Reason for 1st ranked school - give full reasons:**

Click or tap here to enter text.

**Name of sibling at 1st School or Linked Infant School (or applying for a place):**

Click or tap here to enter text.

**Date of Birth of Sibling:** Click or tap here to enter text.

**Year Group:** Click or tap here to enter text.

Office use only:

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**2nd Preferred School**

Click or tap here to enter text.

**Reason for 2nd ranked school - give full reasons:**

Click or tap here to enter text.

**Name of sibling at 2nd School or Linked Infant School (or applying for a place):**

Click or tap here to enter text.

**Date of Birth of Sibling:** Click or tap here to enter text.

**Year Group:** Click or tap here to enter text.

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**3rd Preferred School**

Click or tap here to enter text.

**Reason for 3rd ranked school - give full reasons:**

Click or tap here to enter text.

**Name of sibling at 3rd School or Linked Infant School (or applying for a place):**

Click or tap here to enter text.

**Date of Birth of Sibling:** Click or tap here to enter text.

**Year Group:** Click or tap here to enter text.

Office use only:

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## 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 as a result of an error or omission made by you because you failed to read the information given on this application form and in the “A Guide for Parents, Entry into Junior School 2022” booklet, available at:

[www.sheffield.gov.uk/home/schools-childcare/apply-school-place](http://www.sheffield.gov.uk/home/schools-childcare/apply-school-place)

I declare that all the information I have given on this application is true and correct.

**SIGNED (Parent)**

**PRINT FULL NAME (Parent)**

Click or tap here to enter text.

**DATE** Click or tap here to enter text.

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