

**Application Form for use by Sheffield residents only to  
**APPLY FOR A Y3 JUNIOR SCHOOL PLACE – SEPTEMBER 2024****



**Pupil Details:**

**STUD I.D**

<b>Last Name:</b>		<b>First Name:</b>	
<b>Date of Birth:</b> <i>(should be between 01/09/16 and 31/08/17)</i>		<b>Gender: Male / Female</b> <i>(please circle)</i>	
<b>Address:</b>			
<b>City:</b> _____		<b>Postcode:</b> _____	
<i>If you are planning to move house you <u>must</u> 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 <b>31st January 2024</b></i>			
<b>Current Infant School:</b>			
<b>Is the child a Child in Care or Previous Child in Care: Yes / No</b> (please circle) 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. <i>Note: Previous Children in Care are children who were in care, but ceased to be so <u>because</u> they were adopted <u>or</u> became the subject of a Residence Order <u>or</u> a Child Arrangement Order <u>or</u> 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.</i>			
<b>If the child has an Educational Health Care Plan you <u>must</u> apply directly to the SEN Team.</b>			

**Parent Details:**

<b>Last Name:</b>		<b>First Name:</b>	
<b>Relationship to child:</b> _____			
<b>Your telephone number:</b> _____			
<b>Your email address:</b> _____			
<b>Address:</b> Is your home address the same as your child's?		<b>Yes / No</b> (please circle)	
If no, where do you live? _____			
<b>Do you share parental responsibility with another person, who does not live with you?</b> <b>Yes / No</b> (please circle) If Yes, please provide: Name: _____ Relationship to Child: _____ Contact telephone or email: _____			
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 make sure that this form is received by the Admissions team no later than 15<sup>th</sup> January 2024.**

**You can return the form in different ways, but whichever way you choose, you will receive the outcome of your application by letter, to your home address on 16<sup>th</sup> April.**

**Attach to an email: [ed-admissions@sheffield.gov.uk](mailto:ed-admissions@sheffield.gov.uk)**

**Post it to us: Floor 5: Howden House, 1 Union Street, Sheffield S1 2SH**

**Hand deliver: First Point, Howden House, 1 Union Street, Sheffield S1 2SH –ask for a receipt**

**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](mailto:ed-admissions@sheffield.gov.uk) to tell us if your child will be attending a private or independent school.**

**A Supplementary form (SIF) will need to be completed for each Voluntary Aided school, or EAct-Academy Pathways preference you make, which you must return directly to each school.**

**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 2024 – this information will not be chased up. Please contact Admissions if you require any further advice.

**1<sup>st</sup> Preferred School**

Reason for 1<sup>st</sup> ranked school-give full reasons


Name of sibling at 1 <sup>st</sup> School or Linked Infant School (or applying for a place)	Date of Birth of Sibling	Year Group
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**2<sup>nd</sup> Preferred School**

Reason for 2<sup>nd</sup> ranked school-give full reasons


Name of sibling at 2 <sup>nd</sup> School or Linked Infant School (or applying for a place)	Date of Birth of Sibling	Year Group
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**3<sup>rd</sup> Preferred School**

Reason for 3<sup>rd</sup> ranked school - give full reasons


Name of sibling at 3 <sup>rd</sup> School or Linked Infant School (or applying for a place)	Date of Birth of Sibling	Year Group
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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 2024" booklet, available at:

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

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

<b>SIGNED (Parent)</b>	
<b>PRINT FULL NAME (Parent)</b>	

**Dated:**

Day	Month	Year
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**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.** Information contained in this form is personal data. It will be held on a computer and may be shared with schools and other services where necessary. The sharing of the information provided will then enable us to process your application. All information is subject to the Data Protection Act.