Application Form for use by <u>Sheffield residents</u> only to APPLY FOR A Y3 JUNIOR SCHOOL PLACE – SEPTEMBER 2025

Pupil Details:

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Last Name:	First Name:						
Date of Birth:	Gender: Male / Female						
(should be between 01/09/17 and 31/08/18)	(please circle)						
Address:							
City:	Postcode:						
	we may need to ask you for proof. The school your child						
Current Infant School:							
adopted or became the subject of a Residence Ord Guardianship Order immediately following being in Previous Child in Care, please contact the Admiss. If the child has an Educational Health Care	the reasons section overleaf, so that the child's re proof of the circumstances. were in care, but ceased to be so because they were der or a Child Arrangement Order or Special a care. If you are unsure if your child is a Child in Care or						
Parent Details:	Ter (N						
Last Name:	First Name:						
Relationship to child: Your telephone number: Your email address:							
Address: Is your home address the same as your no, where do you live?	our child's? Yes / No (please circle)						
Do you share parental responsibility with ar Yes / No (please circle) If Yes, please provide: Name:							
Relationship to Child: _ Contact telephone or e	email:						
By signing overleaf you are confirming that you	have discussed the preferences made on this and that you both agree on these preferences.						

You must make sure that this form is received by the Admissions team no later than 15th January 2025.

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 16th April 2025

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

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

<u>YOU MUST</u> 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 <u>and</u> supported by a professional. <u>It is your responsibility to provide this supporting evidence</u> to the Admissions Team, to be received no later than 31st January 2025 – this information will not be chased up. Please contact Admissions if you require any further advice.

1 st Preferred	School								
Reason for 1s ranked schoo									
give full reason									
Name of sibling at 1 st School or Linked Infant School (or applying for a place)						Date of Birth of Sibling Year Group			
2nd Preferre	d School								
Reason for 2r	nd 🗆								
ranked schoo									
give full reaso	0115								
Name of sibling a	at 2 nd School or Linked	Infant So	chool (or applying fo	or a place)		Date of	Birth of Sibling	Year Group	
3rd Preferred	I School								
Reason for 3 rd	d								
ranked schoo give full reaso									
give ruii rease									
Name of sibling a	at 3 rd School or Linked	Infant So	chool (or applying fo	or a place)		Date o	f Birth of Sibling	Year Group	
<u>Declaration</u> In the event of your child not receiving an offer of a place at a preferred school, the Authority									
	responsible where illed to read the inf								
Entry into Junio	or School 2025" bo	oklet, a	available at:					,	
	gov.uk/schools-chi								
I declare that SIGNED	t all the informa	tion I	have given o	n this appl	lication	is true	and correct.		
(Parent)									
PRINT FU (Parent	ILL NAME								
Dated:	Day		Month		Year]		

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.