This completed form must be returned by the 15th January 2018 to the Admissions Team, People Services Portfolio, Inclusion and Learning Services, <u>Moorfoot</u>, Floor 5 North Wing, Sheffield S1 4PL



STUD ID

Sheffield Application Form

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For entr	y to	Junior	School	Septemb	er 2018/19

Please note: You cannot use this form to apply for Private or Independent Schools.

Pupil Details			
Last name			
First name(s)			
Date of birth	(must be	between: 01/09/10 and 31/08/11)	
Gender	Male/Ferr	nale	
Address			
City			
Postcode			
Telephone Number			
Current School			
Does your child have an educational health care plan or statement of special educational needs		ils with an educational health care plan or a statement of special al needs may apply for a special school or integrated resource.	
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 <u>because</u> 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 Previously in care please contact the Admissions Team.		
Parent Details			
Title			

Title	
Last name	
First name (s)	
Relation to the child	
Address (If different to one above)	
City	
Postcode	
Telephone Number	
Mobile Number	
Email Address	

FOR OFFICE USE ONLY

Date Received - Primary school stamp:	Date Input	Date Copied AS ND Bar Roth Derbys
Date Received:		Date Sent to OLEA:

Please note: You are welcome to continue your reasons on a separate sheet of paper, which should then be attached to this form. You are advised that if you have specific medical, social or educational reasons for requiring a place at one or more of your preferred schools, you should send supporting information from a relevant professional. This information should be sent to the Pupil Admissions Team (address overleaf), to be received before the 31st January 2018. Only information supported in this way can be considered by the Admissions Committee who has the discretion to prioritise applications within their relevant admissions category.

1 st Preferred School			FOR OFFICE USE ONLY			E ONLY
			link	СМ	SIB	0
Reason for 1 st						
ranked preference						
Name of sibling at 1 st School or Lin	ked Infant School (or applying for a place)	Date of Birth			Year	Group
2nd Preferred School			link	СМ	SIB	0
Reason for 2nd ranked preference						
Name of sibling at 2 nd School or Lin	iked Infant School (or applying for a place)	Date of Birth			Yea	r Group
3rd Preferred School			link	СМ	SIB	0
Reason for 3rd ranked preference						
Name of sibling at 3 rd School or Lin	ked Infant School (or applying for a place)	Date of Birt	h			Year Group

If one (or more) of your preferences is for Church / Aided school, you will need to complete the relevant Additional Information Form (AIF) for each Aided school you are applying for. The Aided school(s) will then use this information to ensure that your child is placed in the relevant admission category. These AIF form can be downloaded from the website, obtained from the voluntary aided school themselves, or requested from the Admissions Team. You **must** send the form(s) (and any supporting documents), directly, to each of the Aided school(s) for which you are applying.

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 made by you because you failed to read the Guide for Parents booklet, available at:

www.sheffield.gov.uk/education/information-for-parentscarere/admissions/guide-for-parents-2018

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

SIGNED (Parent)

DATE 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 may be withdrawn.