Application Form for use by Sheffield residents only
To apply for initial admission into Primary school –2027/28

Pupil Details:

STUD I.D	

First Name:	**Last Name:**

Date of Birth: *(should be between 01/09/22 and 31/08/23)*	**Gender: Male / Female** (please circle)

Address:

City: _____ **Postcode:** _____

If you are planning to move house, you must tell us, in the reasons overleaf. We may need to ask you for proof. The school your child is allocated will be based on your home address as at ***15th January 2027***

Current Pre-School Provider:

Is the child a Child in Care or Previous Child in Care: Yes / No (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.
Note: Previous Children in Care are children who were in care, but who 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:

First Name:	**Last Name:**

Relationship to child: _____
Your telephone number: _____
Your email address: _____

Address: Do you live at the same address as your child? **Yes / No** (please circle)
If No, where do you live?

Do you share parental responsibility with another person, who does not live with you?
Yes / No (please circle) If you have answered Yes, please provide:
The name of this person: _____
Their relationship to the child: _____
Their home address: _____
Their telephone number or email address: _____
By signing this form 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 15th January 2027.

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.
Attach it 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

Please refer to the 'Application Form Guidance' before you make your application.

You cannot use this form to apply for special schools (including integrated resources) or private or independent schools. 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 - use additional paper if necessary (please put your child's name and date of birth on any extra sheets). If a preference is later refused, and you appeal, an appeal panel can only consider the reasons you gave on your original application (for Key Stage 1 appeals). If there are exceptional medical or social reasons for applying for a particular school, and these reasons are confirmed and supported by a professional, an application may be prioritised by the Admissions Committee within its admission category. It is your responsibility to provide this supporting evidence to the Admissions Team, no later than 15th January 2027.

1st Preferred School		Office use only: C+S CM SIB O
Reason for 1st ranked school- give full reasons		

Name of any brother or sister at 1st Preference (or linked Junior) School	Date of Birth of Sibling	Year Group

2nd Preferred School		Office use only: C+S CM SIB O
Reason for 2nd ranked school- give full reasons		

Name of any brother or sister at 2nd Preference (or linked Junior) School	Date of Birth of Sibling	Year Group

3rd Preferred School		Office use only: C+S CM SIB O
Reason for 3rd ranked school - give full reasons		

Name of any brother or sister at 3rd Preference (or linked Junior) School	Date of Birth of Sibling	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 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 Primary School 2027/28" booklet, available at:

https://www.sheffield.gov.uk/schools-childcare

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

SIGNED (Parent)	
PRINT FULL NAME (Parent	

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.