This completed form must be returned by 31 October 2019 to the Admissions Team, People Services, Commissioning, Inclusion and Learning Services, Floor 5, West Wing, Moorfoot Sheffield S1 4PL

Sheffield
City Council

Pupil ID	

Sheffield Application Form For entry to Secondary Schools September 2020/21

Pupil Details	entry to Secondary Schools September 2020/21											
Last name												
First name(s)												
Date of birth												
Gender	Male/Female											
Address												
City												
Postcode												
Telephone Number												
Current School												
Does your child have an education health and care	Yes/No											
plan or statement of special educational needs	If Yes , you must apply directly to the SEN Team.											
Children in Care or Previous	Yes/No											
Children in Care.	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 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	r reviously in care please contact the Aurilissions ream.											
Title												
First & Last name(s)												
Relation to the child												
Address												
(If different to one above)												
City & Postcode												
Telephone/Mobile Number												
Is there anyone who shares	Yes/No											
parental responsibility for this child?	is If Yes please provide - Name:											
	Relationship to child:											
	Contact number:											
	Please confirm that you have discussed the preferences and have their											
	agreement by signing overleaf. We cannot process any application where there is a disagreement between parents.											
Email Address												

Please attach additional pap	er if you need	1 T	o write more	In	formation.							
1 st Preferred School								СМ	SIB	CF	0	
Reason for 1 st ranked preference												
Name of sibling at 1 st School				Date of Birth				Year Group				
2nd Preferred School								СМ	SIB	CF	0	
Reason for 2nd ranked preference												
Name of sibling at 2nd School					Date of Birth			Year (Group			
3rd Preferred School								СМ	SIB	CF	0	
Reason for 3rd ranked preference												
Name of sibling at 3 rd school					Date of Birth			Year (Group			
Declaration In the event of your child not responsible where a place was the Guide for Parents, Admiss https://www.sheffield.gov.uk	s not offered as sions to Second	s a dai	result of an	erro kle	or made by you et 2020/21, ava	u becaus ailable at	е ус					
I declare that all the information SIGNED (Parent)	n I have given	is	correct and t	rue								
PRINT FULL NAME (Parent)												
DATE	Day		Month		Year							

(Not to be used to apply for Private, Independent or Special Schools but you may indicate vour

FOR OFFICE USE

intention on this form)

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.

The <u>Admissions Committee</u> will consider supporting information from a professional and <u>may prioritise</u> your application for an oversubscribed school. It is your responsibility to send the documentation to the Admissions Team regarding additional information or change of address. If you are applying for <u>All Saints</u> or <u>Notre Dame</u> you must also submit the extra documents directly to each school.