## This completed form must be returned by 31 October 2018 to the Admissions Team, People Services Portfolio, Inclusion and Learning Services, West Wing, Moorfoot Sheffield S1 4PL

	 	Sheffield City Council
STUD ID	Shoffield Application Form	

## Sheffield Application Form For entry to Secondary Schools September 2019/20

Pupil Details			
Last name			
First name(s)			
First name(s)			
Date of birth			
Gender	Male/Female		
Address			
City			
Postcode			
Telephone Number			
Current School			
Does your child have an educational health care plan	Yes/No		
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 <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		
Derent Deteile	Previously in care please contact the Admissions Team.		
Parent Details Title			
Title			
Last name			
First name (s)			
First name (s)  Relation to the child			
Relation to the child  Address			
Relation to the child			
Relation to the child  Address			
Relation to the child  Address (If different to one above)			
Relation to the child  Address (If different to one above)  City			
Relation to the child  Address (If different to one above)  City  Postcode			
Relation to the child  Address (If different to one above)  City  Postcode  Telephone Number			
Relation to the child  Address (If different to one above)  City  Postcode  Telephone Number  Mobile Number  Email Address  FOR OFFICE USE ONLY	Date Input  Date Copied and sent to OLEA		
Relation to the child  Address (If different to one above)  City  Postcode  Telephone Number  Mobile Number  Email Address	Date Input  Date Copied and sent to OLEA  AS ND		

(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 attach additional paper if you need to write more information. 1st Preferred School CM SIB CF O Reason for 1st ranked preference Name of sibling at 1st School Date of Birth Year Group 2nd Preferred School CM SIB CF 0 Reason for 2nd ranked preference Name of sibling at 2nd School Date of Birth Year Group 3rd Preferred School CM 0 SIB CF Reason for 3rd ranked preference Name of sibling at 3rd school Date of Birth 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 made by you because you failed to read the Guide for Parents, Admissions to Secondary School Booklet 2019/20, available at https://www.sheffield.gov.uk/home/schools-childcare/apply-school-place I declare that all the information I have given is correct and true. SIGNED (Parent)

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 Admissions Committee will consider supporting information from a professional and <u>may</u> prioritise 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.

Year

Month

PRINT FULL NAME

Day

(Parent)

DATE