

**Application Form for use by Sheffield residents only  
To apply for initial admission into Primary school –2020/21**



**Pupil Details:**

**STUD I.D**

<b>Last Name:</b>	<b>First Name:</b>
<b>Date of Birth:</b> <i>(should be between 01/09/15 and 31/08/16)</i>	<b>Gender: Male / Female</b> <i>(please circle)</i>
<b>Address:</b>	
<b>City:</b> _____ <b>Postcode:</b> _____ <i>If you are planning to move house you <u>must</u> tell us, overleaf.. We may need to ask you for proof. The school your child is allocated will be based on your home address as at <b>31st January 2020</b></i>	
<b>Current Pre-School Provider:</b>	
<b>Is the child a Child in Care or Previous Child in Care: Yes / No</b> (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. <i>Note: Previous Children in Care are children who were in care, but ceased to be so <u>because</u> they were adopted <u>or</u> became the subject of a Residence Order <u>or</u> a Child Arrangement Order <u>or</u> 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.</i>	
<b>If the child has an Educational Health Care Plan you <u>must</u> apply directly to the SEN Team.</b>	

**Parent Details:**

<b>Last Name:</b>	<b>First Name:</b>
<b>Relationship to child:</b> _____	
<b>Your telephone number:</b> _____	
<b>Your email address:</b> _____	
<b>Address:</b> Is your home address the same as your child's? <b>Yes / No</b> (please circle) If no, where do you live? _____	
<b>Do you share parental responsibility with another person, who does not live with you?</b> <b>Yes / No</b> (please circle) If Yes, please provide: Name: _____ Relationship to Child: _____ Contact telephone or email: _____	
By signing overleaf 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 return this completed form no later than 15th January 2020 to:  
Admissions, People Services, Level 5: West Wing, Moorfoot, Sheffield S1 4PL**

**You cannot use this form to apply for special schools (including integrated resources) or private or independent schools. Please email [ed-admissions@sheffield.gov.uk](mailto:ed-admissions@sheffield.gov.uk) to tell us if your child will be attending a private or independent school.**

**Additional form(s) will need to be completed for voluntary aided school preferences.  
Please refer to the 'Application Form Guidance' for further advice.**

**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, social or a special educational needs reason 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, to be received no later than 31st January 2020 - please contact Admissions if you require any further advice.

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

Name of any brother or sister at 1 <sup>st</sup> Preference (or linked Junior) School	Date of Birth of Sibling	Year Group
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<b>2nd Preferred School</b>		Office use only: C+S CM SIB O
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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
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<b>3rd Preferred School</b>		Office use only: C+S CM SIB O
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Reason for 3 <sup>rd</sup> ranked school - give full reasons	

Name of any brother or sister at 3 <sup>rd</sup> Preference (or linked Junior) School	Date of Birth of Sibling	Year Group
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**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 2020/21" booklet, available at:

[www.sheffield.gov.uk/home/schools-childcare/apply-school-place](http://www.sheffield.gov.uk/home/schools-childcare/apply-school-place)

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

<b>SIGNED (Parent)</b>	
<b>PRINT FULL NAME (Parent)</b>	

**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.**