**This completed form must be returned by 31 October 2024 to ed-admissions@sheffield.gov.uk**

**Or Admissions Team, People Services, Commissioning, Inclusion and Learning Services,**

**Floor 5, Howden House, Union Street, Sheffield S1 2SH**

**Pupil ID** 

**Sheffield Application Form**

**For entry to Secondary Schools September 2025**

**Pupil Details**

|  |  |
| --- | --- |
| Last name |  |
| First name(s) |  |
| Date of birth |  |
| Gender | Male/Female |
| Address |  |
| City |  |
| Postcode |  |
| Current School |  |
| Does your child have an education health and care plan or statement of special educational needs | Yes/NoIf **yes**, you must apply directly to the SEN Team. |
| Children in Care or Previous Children in Care. | Yes/NoNote: 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**

|  |  |
| --- | --- |
| 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 parental responsibility for this child?  | Yes/NoIf **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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**(Not to be used to apply for Private, Independent or Special Schools but you may indicate your intention on this form)**

**FOR OFFICE USE FOROFFICE USE ONLY**

**ONLY**

**Please attach additional paper if you need to write more information.**

**1st Preferred School**

CM SIB CF O O

Reason for 1st

ranked preference.

Year Group

Date of Birth

Name of sibling at 1st School

CM SIB CF O O

**2nd Preferred School**

Reason for 2nd

ranked preference.

Year Group

Date of Birth

Name of sibling at 2nd School

CM SIB CF O O

**3rd Preferred School**

Reason for 3rd

ranked preference.

Year Group

Date of Birth

Name of sibling at 3rd school

# 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 because of an error made by you because you failed to read the Guide for Parents, Admissions to Secondary School Booklet 2025/26, available at **https://www.sheffield.gov.uk/schools-childcare/apply-school-place**

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

SIGNED

(Parent)

PRINT FULL NAME

(Parent)

**Please note: If a child is offered a place at a preferred school based on 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 may 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. If you are applying for All Saints, Notre Dame or Parkwood you must also submit the extra documents directly to each school.**

**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.**

DATE

Year

Month

Day