



Archbishop Tenison's

CHURCH OF ENGLAND HIGH SCHOOL

Waiting List Request Form for Year 7 2017

(Please only complete and return if you have already submitted a Supplementary Information Form (SIF) to this school for this applicant)

Section 1 - Child's Details (Please Complete in full and in CAPITAL LETTERS)

Surname _____
First Name(s) _____
Date of Birth ____/____/____
Gender Male / Female
Home Address _____
_____ Postcode _____

Section 2 – Parent(s) / Carer(s) Details

Parent /Carer (Mr/Mrs/Miss/Ms/Other) _____
Relationship to Child _____
Home Address _____
_____ Postcode _____
Home Tel. No. _____
Daytime Tel. No. _____
Email _____ (may be required for any follow up enquiries)

Type of place originally applied for : Please Tick
 Foundation Place or
 Open Place

Signature of Parent/Carer _____ Date _____