



THIS FORM SHOULD BE COMPLETED IN ADDITION TO THE COMMON APPLICATION FORM

**ARCHBISHOP TENISON'S CHURCH OF ENGLAND HIGH SCHOOL
ADMISSIONS APPLICATION FORM FOR A CHURCH (FOUNDATION) PLACE**

PLEASE USE CAPITAL LETTERS AND BLACK INK

Ref. No _____

AS YOU COMPLETE THIS FORM, PLEASE REFER TO THE ADMISSION CRITERIA - COMPLETE BOTH SIDES OF FORM

Archbishop Tenison's School Selborne Road Croydon CR0 5JQ Telephone: 020 8688 4014 Email: admissions@archten.croydon.sch.uk	Child's Surname
DCSF No: 306/4600	First Name(s)
	Date of Birth
	Gender of Child Female / Male
	Please indicate if child is Looked After (point 5 of criteria). <input type="checkbox"/> If so, which authority

Name(s) of Parent(s) or Carer(s)

Address Post Code

Home Tel. No: Daytime Tel. No: Email:

Does a brother or sister of the child attend Archbishop Tenison's Yes No

If yes, please indicate name of child(ren) and present form(s)

Please indicate if you are applying for a **Governors' Place**

Please note that, with the exception of Governors' places, places are offered purely on church affiliation and that for purposes of assessing this you are asked to provide details of only ONE named parent or carer, with whom the child is normally resident, and who is most actively involved in church life. Including those admitted under categories 6 c(i) and (ii), 50% of available places will be reserved for members of the Anglican Church and 40% for members of other churches who belong to the organisations listed in the admission criteria, point 6. a).

Named Parent or Carer Relationship to Child

Church attended by person named above No. of years attended

Church attended by child (if different) No. of years attended

If not Church of England, to which organisation mentioned in Point 6a of the Admissions Criteria does your church belong?
(please check with your minister).....

Name of **current** Parish Priest or Minister

Address

Post Code Tel. No: Email:

If the church worships at a different address to the Minister's address given above, please give the full contact details for the church.

Address

Post Code Tel. No: Email:

We shall contact your church for a reference, so please inform your priest or minister before using his or her name to support your application.

If you have attended your church for less than two years, please give the name and address of your previous church.

Name of **previous** Parish Priest or Minister Church

Address

Post Code Tel. No: Email:

Please indicate your regularity of attendance at Sunday Worship.

	Parent/Carer	Child		Parent/Carer	Child
Weekly	<input type="checkbox"/>	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	<input type="checkbox"/>
Three weeks out of four	<input type="checkbox"/>	<input type="checkbox"/>	Less than monthly	<input type="checkbox"/>	<input type="checkbox"/>
Fortnightly	<input type="checkbox"/>	<input type="checkbox"/>	Seldom/Never	<input type="checkbox"/>	<input type="checkbox"/>

Please give details of church offices held or posts of responsibility and all other church activities (see Admission Criteria, point 6). Please note that the terms *Bishop, Minister, Pastor, Deacon and Elder* are used with widely different meanings in different churches. Please therefore indicate precisely what you do and how often you do it.

Parent or Carer - Church Activities, Offices held or Posts of Responsibility

Child - Church Activities

If there is insufficient space here, please continue on a separate sheet.

Date Signature of Parent or Carer: