



Ref. No _____

**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 LOCAL (OPEN) PLACE**

PLEASE USE CAPITAL LETTERS AND BLACK INK

AS YOU COMPLETE THIS FORM, PLEASE REFER TO THE ADMISSION CRITERIA

<p>Archbishop Tenison's School Selborne Road Croydon CR0 5JQ</p> <p>Tel: 020 8688 4014</p> <p>Email: admissions@archten.croydon.sch.uk</p> <p>DCSF No: 306/4600</p>	<p>Child's Surname</p> <p>First Name(s)</p> <p>Date of Birth</p> <p>Gender of Child Female / Male</p> <p>Please indicate if child is Looked After (see point 5 of criteria) and attach supporting evidence of the Local Authority. <input type="checkbox"/></p>
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<p>Name(s) of Parent(s) or Carer(s)</p> <p>Address</p> <p>Post Code</p> <p>Home Tel. No: Daytime Tel. No:</p> <p>Email:</p>
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<p>Attach documentary evidence to confirm child's home address and parental responsibility, e.g. Child Benefit paperwork. <input type="checkbox"/> (tick when attached)</p>
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<p>Date Signature of Parent or Carer:</p>
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IT IS IMPORTANT THAT YOU ONLY COMPLETE ONE SUPPLEMENTARY INFORMATION FORM EITHER THE LOCAL OR CHURCH