



Supplementary Information Form (SIF) - For Admission to Year 7 in 2015

Please refer to the **Archbishop Tenison's Admission Criteria for entry to Year 7 in 2015**
when completing this form (SIF)

You must also complete your Local Authority's Common Application Form (CAF)

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 _____

Does a brother or sister currently attend Archbishop Tenison's School? Yes / No

If Yes, please provide the name of sibling(s) and current form(s)

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

Parent /Carer (Mr/Mrs/Miss/Ms/Other) _____

Relationship to Child _____

Home Address _____

_____ Postcode _____

Home Telephone No. _____

Daytime Telephone No. _____

Email _____ (may be required for any follow up enquiries)

Section 3 – Type of Application

Which type of Application do you wish to make?

Please refer to the Admission Criteria for the definition of differences in the types of application and tick the boxes that apply to your application for EITHER a Foundation Place or an Open Place.

EITHER

OR

To apply for a Foundation Place	To apply for an Open Place
<input type="checkbox"/> Foundation Place If you have ticked this category please now <ul style="list-style-type: none">• sign and date Section 4• complete Section 5	<input type="checkbox"/> Open Place If you have ticked this category, please attach photocopies of: <ul style="list-style-type: none">• Proof of address i.e. a recent utility bill and• Proof of parental responsibility i.e. Child Benefit paperwork or Child's Birth Certificate detailing parent's name. Please sign and date Section 4 only.
<input type="checkbox"/> Looked After Child Place State which Local Authority _____	<input type="checkbox"/> Looked After Child Place State which Local Authority _____
<input type="checkbox"/> Previously Looked After Child State which Local Authority _____	<input type="checkbox"/> Previously Looked After Child State which Local Authority _____
<input type="checkbox"/> Governors' Place If you have ticked this category please refer to the Admission Criteria point 6c)ii and provide additional information to support your application. Please sign and date Section 4.	

Section 4 – to be completed by ALL applicants

Signature of Parent/Carer _____ Date _____

The final date for submitting this application is Friday 31 October 2014, but it would be most helpful if forms were returned in early October. Please send directly to the school:

Archbishop Tenison's CE High School
Selborne Road, Croydon, CR0 5JQ
Email admissions@archten.croydon.sch.uk
www.archten.croydon.sch.uk

Applications will only be acknowledged if a stamped addressed envelope is enclosed.

You must also complete your Local Authority's Common Application Form (CAF)

Church References:

Please note that church references must be returned to the school **by 30th November 2014.**
Applicants are advised to check with the school that their reference has been received.
Where possible, if a reference has not been received, applicants and referees will be sent an email.

Section 5 – Application for a Foundation Place (continues overleaf)

Please note that **Foundation Places** are offered purely on church affiliation and that for the purpose 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.

With reference to the **Admission Criteria**, including those admitted under categories 6c (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 6a**.

Named Parent or Carer _____

Relationship to Child _____

Named Parent / Carer

Child (if church attended is different)

Church Attended _____

How many years have you attended this church? _____

To which organisation mentioned in Point 6a of the Admission Criteria does your church belong?

(Please check with your Minister

Please tick ✓

Please tick ✓

The Church of England

The Evangelical Alliance

Churches Together in Britain and Ireland (CTBI)

Affinity

Fellowship of Independent Evangelical Churches (FIEC)

Please give details of current Priest, Minister or Pastor

Church attended by Parent / Carer

Church attended by Child (if different)

Name of Minister _____

Address _____

(to where a reference _____

should be sent) _____

Postcode _____

Telephone No. _____

Email _____

If you have attended the above church for less than two years, please provide details of your previous church.

Church attended by Parent / Carer

Church attended by Child (if different)

Name of Minister _____

Address _____

(to where a reference _____

should be sent) _____

Postcode _____

Telephone No. _____

Email _____

Please indicate your regularity of attendance at Sunday worship. Please tick ✓

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

Referring to the Admission Criteria, Point 6 b) ii, please give details of church offices held or posts of responsibility and all other church activities. 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/Carer – Church Activities

Child – Church Activities

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