



REF. No.

**Archbishop Tenison's
Church of England High School**

Academic Excellence for each person in a Christian Community

Supplementary Information Form (SIF) - For Admission to Year 7 in 2016

Please refer to the **Archbishop Tenison's Admission Criteria for entry to Year 7 in 2016**
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 *(please delete as applicable)*

Home Address _____

_____ Postcode _____

Does a brother or sister currently attend Archbishop Tenison's School? Yes / No *(please delete as applicable)*

If Yes, please provide the name of sibling(s) and their 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 _____ *(this 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 box which applies to your application.

✓ Please tick ONE box only

Looked After Child Place

State which Local Authority _____

If you have ticked this category please now

- sign and date Section 4 below

Previously Looked After Child

State which Local Authority _____

If you have ticked this category please now

- sign and date Section 4 below

Foundation Place

If you have ticked this category please refer to the **Admission Criteria, section 8**

- sign and date Section 4 below

and

- complete Section 5

Open Place

If you have ticked this category please now

- sign and date Section 4 below

Governors' Place

If you have ticked this category please refer to the **Admission Criteria, section 10** and provide **additional** information to support your application.

If you have ticked this category please now

- sign and date Section 4 below

Section 4 – to be completed by ALL applicants

Signature of Parent/Carer _____ Date _____

It would be most helpful if forms were returned in early October.

The statutory deadline for submitting this application is Friday 30 October 2015.

It is strongly advised that it is returned to this school by **Friday 23 October 2015.**

Due to half-term closure, post cannot be received at the school from Monday 26 – Friday 30 October.

Please complete and 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

DFE No.: 306/4600

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 by your Minister to the school **by 30 November 2015.**

It is the responsibility of applicants to check with the school that their reference has been received.

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, section 8a**, 50% of available places will be reserved for members of the Anglican Church and 40% for members of other churches who are full members of the organisations listed.

***Named parent/carers on whom the church reference will be sought** _____
Please give details of your current Priest, Minister or Pastor.

Church attended by Parent / Carer	Church attended by Child (if different)
Church Attended _____	_____
How many years have you attended this church? _____	_____
Name of Minister _____	_____
Address (to where reference should be sent) _____	_____
Postcode _____	_____
Telephone No. _____	_____
Email _____	_____

To which organisation mentioned in section 8a of the Admission Criteria does your church belong? (Please check with your Minister if unsure).

- | | Please tick ✓ | Please tick ✓ |
|---|--------------------------|--------------------------|
| The Church of England | <input type="checkbox"/> | <input type="checkbox"/> |
| The Evangelical Alliance | <input type="checkbox"/> | <input type="checkbox"/> |
| Churches Together in Britain and Ireland (CTBI) | <input type="checkbox"/> | <input type="checkbox"/> |
| Affinity | <input type="checkbox"/> | <input type="checkbox"/> |
| Fellowship of Independent Evangelical Churches (FIEC) | <input type="checkbox"/> | <input type="checkbox"/> |

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)
Church Attended _____	_____	_____
How many years have you attended this church? _____	_____	_____
Name of Minister _____	_____	_____
Address (to where reference should be sent) _____	_____	_____
Postcode _____	_____	_____
Telephone No. _____	_____	_____
Email _____	_____	_____

Please indicate how often you attend church worship:

	Please tick ✓ Parent/Carer	Please tick ✓ 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"/>

Please give information about your involvement in the life of the church:

*Referring to the **Admission Criteria (section 8)**, please give details of any church activities in which you are involved, including posts of responsibility or church offices held. Since terms are used with widely different meanings in different churches, please indicate precisely what you do, how often and for long you have been involved in this.*

Involvement of Parent/Carer:

Church activity	How often do you do this? Please tick ✓	How long have you been involved in this? Please tick ✓
	<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> less than monthly	<input type="checkbox"/> for 2 or more years <input type="checkbox"/> for at least a year <input type="checkbox"/> for less than a year
	<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> less than monthly	<input type="checkbox"/> for 2 or more years <input type="checkbox"/> for at least a year <input type="checkbox"/> for less than a year
	<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> less than monthly	<input type="checkbox"/> for 2 or more years <input type="checkbox"/> for at least a year <input type="checkbox"/> for less than a year
	<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> less than monthly	<input type="checkbox"/> for 2 or more years <input type="checkbox"/> for at least a year <input type="checkbox"/> for less than a year
	<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> less than monthly	<input type="checkbox"/> for 2 or more years <input type="checkbox"/> for at least a year <input type="checkbox"/> for less than a year

Involvement of Child:

Church activity	How often do you do this? Please tick ✓	How long have you been involved in this? Please tick ✓
	<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> less than monthly	<input type="checkbox"/> for 2 or more years <input type="checkbox"/> for at least a year <input type="checkbox"/> for less than a year
	<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> less than monthly	<input type="checkbox"/> for 2 or more years <input type="checkbox"/> for at least a year <input type="checkbox"/> for less than a year