



Archbishop Tenison's

CHURCH OF ENGLAND HIGH SCHOOL

Please complete in BLOCK CAPITALS in black ink

POST-16 APPLICATION FORM

Surname:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name:		Date of Birth:	
Address:			
			Post Code:
Home Tel. No:		Student's Mobile No:	
Student's E-mail:			
Parent's/Carer's Name & Mobile No:			
Parent's Carer's E-mail:		Relationship to Student:	
Present/Last School:			
School Address:			
UPN Number (obtained from your School)			
Block A			
Block B			
Block C			
Block D			
Block E			
Do you have a Special Educational Needs Statement? Please Circle YES / NO			
Applicant's/Parent's/Carer's Signature:			Date:

Academic excellence for each person in a Christian community

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