



Archbishop Tenison's

CHURCH OF ENGLAND HIGH SCHOOL

Academic Excellence for each person in a Christian Community

Application Form Year 7 2025

When completing this form, please refer to the
Archbishop Tenison's Admission Criteria on the school website relevant to the applicant's date of birth

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*

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

Current School (or last school attended) _____

Address of current school _____

Is the applicant on the SEN register at their current school? Yes / No*

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)*

Academic excellence for each person in a Christian Community

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 (one) box which applies to your application.

✓ Please tick **ONE** box only

<input type="checkbox"/> Looked After Child Place State which Local Authority _____ If you have ticked this category please now <ul style="list-style-type: none">• sign and date Section 4 below
<input type="checkbox"/> Previously Looked After Child State which Local Authority _____ If you have ticked this category please now <ul style="list-style-type: none">• sign and date Section 4 below
<input type="checkbox"/> Foundation Place If you have ticked this category please refer to the Admission Criteria <ul style="list-style-type: none">• sign and date Section 4 below and <ul style="list-style-type: none">• complete Section 5
<input type="checkbox"/> Open Place If you have ticked this category please now <ul style="list-style-type: none">• sign and date Section 4 below
<input type="checkbox"/> Governors' Place If you have ticked this category please refer to the Admission Criteria and provide additional information to support your application. If you have ticked this category please now <ul style="list-style-type: none">• sign and date Section 4 below

Please state reason(s) for applying for an in-year school place:

Section 4 – to be completed by ALL applicants

Signature of Parent/Carer _____ Date _____

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

You must also contact your Local Authority

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**, Confirmation of membership of the applicant's family in Church will be sought by the school from the relevant Minister, who will be requested to provide a reference.

***Named parent/carers on whom the church reference will be sought** _____

Church attended by Parent / Carer

Church
Attended _____

Church attended by Child (if different)

How many years have you attended this church? _____

Name of **your current Priest, Minister or Pastor** 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).

The Church of England

Please tick ✓

Please tick ✓

The Evangelical Alliance

Churches Together in Britain and Ireland (CTBI)

Affinity

Fellowship of Independent Evangelical Churches (FIEC)

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 ✓		Please tick ✓
	Parent/Carer		Child
Weekly	<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**, 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