



Archbishop Tenison's CE High School
Selborne Road, Croydon, Surrey, CR0 5JQ

Tel: 020 8688 4014

Sixth Form Student Record Form

Academic Excellence for each person in a Christian Community

Section 1 - Student Information (see guidelines attached)

Legal Surname: Male Female (please ✓ where applicable)

Legal Forename(s):

Preferred Forename: Date of Birth:/...../.....

Home Address:

Post Code: Home Tel. No:

Student's Home E-mail..... **Student's Mobile No:**

Does the student have a sibling attending Archbishop Tenison's? **Yes / No** (please circle where necessary)

If yes, name of sibling: Tutor Group

Parent/Carer Information: *please delete as applicable

Mother/Carer* full name: Mrs/Miss/Ms*

Address: (if different from above)

Email: Home Tel. No (if different from above)

Mobile No: Daytime Tel. No:

Mother/Carer Parental Responsibility **Yes / No*** Relationship to student:

Father/Carer* full name:

Address: (if different from above)

Email: Home Tel. No: (if different from above)

Mobile No: Daytime Tel. No:

Father/Carer Parental Responsibility **Yes / No*** Relationship to student:

Person to be contacted in absence of parent/carers to collect student:

Name: Relationship to student:

Mobile No: Daytime Tel No:

Please complete if you are aware of any person(s) who would legally claim to be a parent of this student

Name of this person Telephone No.

Address

Postcode Relationship to student **Parental Responsibility** **Yes/No***

Section 2 - Medical Information (see guidelines attached)

Name of Medical Practice (not Doctor's name):

Medical Practice Address:

Tel. No.:Medical Conditions:

Section 3 – Additional Information (see Guidelines attached)

Name of last school attended:

School Address:Post Code:

Ethnic Code (please ✓ as applicable)

Any other Asian background	
Any other Black background	
Any other ethnic group	
Any other mixed background	
Any other White background	
Bangladeshi	
Black – African	
Black - Caribbean	
Chinese	
Gypsy/Roma	
Indian	

Pakistani	
Traveller of Irish heritage	
White - British	
White - Irish	
White and Asian	
White and Black African	
White and Black Caribbean	
Refused	
Asylum Seeker status (please tick if appropriate)	
Asylum Seeker	
Refugee	

First language your child learnt from birth:

Main language currently spoken at home:

*Nationality: *Country of Birth:

(*as shown on birth certificate and passport)

Consents and Acknowledgements

- I agree that my child shall receive Christian Teaching in accordance with the Beliefs and Practice of the Church of England, and I intend throughout my child's career at Archbishop Tenison's School to allow him/her to worship in Church on appropriate occasions.
- I give permission for my child to be transported, if necessary, in a car belonging to a member of staff. I understand that the school accepts no liability for loss or injury.
- I have read, understood and agree to school communication via SchoolGateway.
- I give permission for photographs and videos of my child to be used on the school website, prospectus, internal school displays or local press.
(Please be assured that no individual child's names will be included without further reference to parent/carer)

Signature of Parent/Carer Date/...../.....

Information supplied may be used for purposes as defined in our Privacy Notice under the terms of the Data Protection Act (July 2019)