



# 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 2020

When completing this form (SIF), please refer to the

**Archbishop Tenison's Admission Criteria for entry to Year 7 in 2020**

**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)*

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### 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

##### ☐ 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 applications is 31 October 2019.

Due to half-term closure, post may not be received at the school, therefore it is strongly advised that this form is returned to this school by **Friday 18 October 2019.**

**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](mailto:admissions@archten.croydon.sch.uk)

[www.archten.croydon.sch.uk](http://www.archten.croydon.sch.uk)

**DFE No.: 306/4600**

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

**Applicants must also complete the Local Authority's Common Application Form (CAF)**

#### **Church References:**

Please note that church references are requested **by the school** once your application is submitted.

Church references must be completed and returned by your Minister to the school **by 30 November 2019.**

**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, 40% 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 \_\_\_\_\_

**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).**

**Please tick ✓**

**Please tick ✓**

The Church of England

☐☐

The Evangelical Alliance

☐☐

Churches Together in England

☐☐

Affinity

☐☐

Fellowship of Independent Evangelical Churches

☐☐

**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:**

	<b>Please tick ✓ Parent/Carer</b>	<b>Please tick ✓ Child</b>
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 (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:**

<b>Church activity</b>	<b>How often do you do this? Please tick ✓</b>	<b>How long have you been involved in this? Please tick ✓</b>
	<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:**

<b>Church activity</b>	<b>How often do you do this? Please tick ✓</b>	<b>How long have you been involved in this? Please tick ✓</b>
	<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