



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

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 by Child (if different)
Church Attended _____	_____
How many years have you attended this church? _____	_____
Name of your <i>current</i> 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| The Evangelical Alliance | <input type="checkbox"/> | <input type="checkbox"/> |
| Churches Together in England | <input type="checkbox"/> | <input type="checkbox"/> |
| Affinity | <input type="checkbox"/> | <input type="checkbox"/> |
| Fellowship of Independent Evangelical Churches | <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 ✓		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 (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