



Archbishop Tenison's

CHURCH OF ENGLAND HIGH SCHOOL
SIXTH FORM

Please complete in BLOCK CAPITALS in black ink

SIXTH FORM APPLICATION

Surname:		Male ☐	Female ☐
First Name:		Date of Birth:	
Address:			
		Post Code:	
Home Tel. No:		Student's Mobile No:	
Student's Email:			
Parent's/Carer's Name & Mobile No:			
Parent's Carer's E-mail:		Relationship to Student:	
Present/Last School:			
School Address:			
UPN No. (obtained from your School)			
Block A	If your ideal combination of subjects is not possible then please detail it below and we will take this into consideration when designing the final timetable		
Block B			
Block C			
Block D			
Block E			
Do you have Special Education Needs (e.g. Dyslexia, ADHD)? Yes / No			
Do you have a sibling at ABT School? Yes / No Name(s):			
Applicant's/Parent's/Carer's/Signature:			Date:

Academic excellence for each person in a Christian community

Selborne Road, Croydon CR0 5JQ • Tel: 020 8688 4014

www.archten.croydon.sch.uk • sixthformadmissions@archten.croydon.sch.uk

Headteacher: Richard Parrish MA (Oxon)