



Archbishop Tenison's Church of England High School

www.archten.croydon.sch.uk

Church Reference Form - For Entry to Year 7 in 2024

Archbishop Tenison's School Selborne Road Croydon CR0 5JQ Tel: 020 8688 4014 Email : admissions@archten.croydon.sch.uk	Child's Surname: First Name(s): Date of Birth:	Ref. No.:
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Please complete both sides of this form in capital letters and black ink

Please note that details are required from one named parent/carer only.

The named parent/carer of this child has applied to Archbishop Tenison's School for a place and has given your name as a referee. They have been asked to consult you before making their application to the school.

Owing to the limited number of places available, would you kindly answer the questions below as frankly and as fully as you can to help in the allocation of places. Please tick the boxes where applicable.

Named parent/carer:

Address:

Name of Church:

Please confirm that the named parent's/carer's name and address details are correct by ticking this box.

To which organisation mentioned in Point 8a of the Admission Criteria does your church belong?

	Please tick ✓	Please provide Membership No.:
The Church of England	<input type="checkbox"/>	n/a
The Evangelical Alliance (EA)	<input type="checkbox"/>	_____
Churches Together in England (CTE)	<input type="checkbox"/>	_____
Affinity	<input type="checkbox"/>	_____
Fellowship of Independent Evangelical Churches (FIEC)	<input type="checkbox"/>	_____

How long has the family been attending your church? _____

If less than two years, from which church did they transfer? _____

For up-to-date information please access:

Churches Together in England website: www.cte.org.uk

The Evangelical Alliance website: www.eauk.org

Affinity website: www.affinity.org.uk

Fellowship of Independent Evangelical Churches (FIEC) website: www.fiec.org.uk

Please indicate how often the named parent/carer and child attends church worship:

	Please tick ✓ Parent/Carer	Please tick ✓ Child
Weekly	<input type="checkbox"/>	<input type="checkbox"/>
Fortnightly	<input type="checkbox"/>	<input type="checkbox"/>
Less Frequently	<input type="checkbox"/>	<input type="checkbox"/>

Please give information about the named parent/carer and child's involvement in the life of the church:

Referring to the **Admission Criteria (section 10 c) i-v**, please give details of any church activities in which they 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 they do, how often and how long they have been involved in this.

In the event that during the period specified for attendance at worship the churches have been closed for public worship and have not provided alternative premises for that worship, the requirements of these admissions arrangements in relation to attendance will only apply to the period when the churches have been available for public worship. **Involvement of Parent/Carer:**

Church activity	How often do they do this? Please tick ✓	How long have they been involved in this? Please tick ✓
	<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> less frequently	<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"/> less frequently	<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"/> less frequently	<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"/> less frequently	<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"/> less frequently	<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 they do this? Please tick ✓	How long have they been involved in this? Please tick ✓
	<input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> less frequently	<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"/> less frequently	<input type="checkbox"/> for 2 or more years <input type="checkbox"/> for at least a year <input type="checkbox"/> for less than a year

Signature _____ Date _____

Incumbent/Minister of: _____ Tel No. _____

The Governors are most grateful to you for providing this information