



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

CR0 5JQ Tel 020 8688 4014

Pupil Record Form

Academic Excellence for each person in a Christian Community

Section 1 - Pupil Information *(see guidelines attached)*

Applicant (pupil) Date of Birth:/...../.....

Male

Female *(please circle)*

Legal Forename:

Preferred Forename:

Legal Middle Name(s):

Legal Surname:

Home Address:

Post Code: Home Tel No:

Does the applicant (pupil) have a sibling attending Archbishop Tenison's? Yes / No *(please circle)*

If yes, name of sibling: Tutor Group

Section 2 - Parent/Carer Information

Mother/Carer* Do you have Parental Responsibility Yes / No* *(*please circle)*

Title: e.g. Ms/ Mrs/ Dr/ Rev: Mother/Carer First Name:

Mother/Carer Surname:

Address: *(if different from above)*

Email: Home Tel no *(if different from above)*

Daytime Tel No: Mobile Tel. No:

Father/Carer* Do you have Parental Responsibility Yes / No* *(*please circle)*

Title e.g. Mr/ Dr/ Rev:

Father/Carer First Name:

Father/Carer Surname:

Address: *(if different from above)*

Email: Home Tel no *(if different from above)*

Daytime Tel No: Mobile Tel. No.:

Person to be contacted in absence of parent/carers to collect pupil e.g family member or friend:

Name: Relationship to pupil:

Daytime Tel. No.: Mobile Tel No:

Please complete if there is any other person(s) who would legally claim to be a parent of this child

(if not named above)

Name of this person Telephone No

Address

Postcode

Relationship to child **Parental Responsibility Yes / No***

Section 2 - Medical Information (see guidelines attached)

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

Medical Practice Address:

Postcode: Tel. No.:

Medical Conditions please print:

1.

2.

3.

4.

Section 3 – Additional Information (see Guidelines attached)

Name of last school attended:

School Address:Postcode:

Ethnic Code (please ✓ as applicable)

Any other Asian background	
Any other Black background	
Any other ethnic background	
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 & Asian	
White & Black African	
White & 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)

Section 4 - Pupil Premium (see guidelines attached)	(please ✓ where applicable if not please write N/A)	Start Date	End Date
1. Has been looked after for 1 day or more			
2. Adopted from care			
3. Left care under a Special Guardianship Order or A Residence Order			
4. Have ever received free school meals in the last six years			
5. Service Pupil Premium (for those children whose parents are in Service ie Armed Forces etc)			
Evidence supplied where necessary (see guidelines)			

Signature of Mother/Father/Carer (*please circle):

Please Print Name: Date/...../.....