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CLERGY FORM – FOR YEAR 7 ADMISSION
SEPTEMBER 2019

The parents/carers of the child named below have applied for a place at Archbishop Tenison's School and have given your name as a referee. Would you kindly complete this form in order that the parents/carers can include it with their application.

Thank you for your help.

Surname of child: _____ Gender: male/female

Christian name(s): _____

Name(s) of parent(s)/guardian(s): _____

Home address: _____

Name of Church: _____

Denomination: _____

Is this Church a full member of the Council of Churches for Great Britain and Ireland (CCBI)?

YES NO

Please indicate whether either or both parents and/or child are currently regular worshipping members of your Church. Please note that the record of attendance of only one parent (the best attender) will be used and this must be at least once a fortnight for it to be taken into account.

	WEEKLY	FORTNIGHTLY	MONTHLY	FESTIVALS	NEVER
FATHER					
MOTHER					
CHILD					

If less than one year, from which Church did they transfer?

**PLEASE MAKE ANY OTHER COMMENTS BELOW IF YOU WISH TO
(OR IN A SEPARATE LETTER):**

SIGNED: _____ **DATE:** _____

MINISTER/INCUMBENT OF: _____ **CHURCH**

ADDRESS: _____

TEL. NO(S): _____

OFFICIAL STAMP: