

**ARCHBISHOP TEMPLE SCHOOL**  
A Church of England Technology and Humanities College

**APPLICATION FORM**

The school Governors are the admissions authority for the school. It is therefore necessary to **complete this application form as well as the County Council form** if you wish your child to be considered for a place at this school.

Completed applications must be returned to the school by **Friday 16<sup>th</sup> October 2009**. Places will then be offered to pupils during the Spring term.

**It is important that you read the documents headed**  
**“INFORMATION FOR APPLICANTS”**  
**and**

**“ADMISSION ARRANGEMENTS”**

**BEFORE completing the Application form.** Both these documents are included with the school’s prospectus.

**I wish the following child to be considered for a place at Archbishop Temple School.**

Child’s surname \_\_\_\_\_

Forename \_\_\_\_\_

Date of birth \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Telephone No. \_\_\_\_\_

Present School \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The categories of admission are detailed in the document headed **Admission Arrangements**. As mentioned overleaf, **it is important that you read that document carefully before deciding which category of admission you are applying under**. If you are in any doubt, the school will be able to assist you.

Please **tick the appropriate box** to indicate under which category you are applying:-

1. The child has special medical or social needs and those needs can **only** be met at Archbishop Temple School
  
2. The application is made on the ground of Christian church attendance.
  
3. The application is made on the ground of worship in a non-Christian faith in membership of the UK Interfaith Network.
  
4. None of the above.

If you are applying for a place on the basis of Church attendance, or involvement in the life of a non-Christian faith in membership of the UK Interfaith Network, please give the name of your place of worship and the name and address of the minister to whom reference can be made.

Name of Place of Worship: \_\_\_\_\_

Name and address of minister: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone no: \_\_\_\_\_

Please ask the minister to sign here: \_\_\_\_\_