



**The Archbishop Lanfranc School**  
(Foundation)

**Pupil Application Form**  
**(for Primary / Secondary School Transfer in September 2011)**

To be completed by parent / carer of pupil

Mitcham Road, Croydon, Surrey, CR9 3AS  
Telephone: 020 8689 1255 Facsimile: 020 8683 3113 Email: [office@lanfranc.croydon.sch.uk](mailto:office@lanfranc.croydon.sch.uk)  
Headteacher: D C Clark BA (Oxon)

**Pupil Details:**

<b>Surname:</b>	<b>Date of Birth:</b>
<b>Forename:</b>	<b>Gender: Male / female</b>
<b>Known as:</b>	<b>Year group in current school:</b>

**Details of Parents/Carers with Parental Responsibility:**

<b>Title:</b>	<b>Surname:</b>	<b>Forename:</b>
<b>Address:</b>		<b>Home Telephone:</b>
<b>Postcode:</b>		
<b>Nature of Relationship to pupil:</b>		<b>Does the pupil reside at this address? YES / NO</b>

<b>Title:</b>	<b>Surname:</b>	<b>Forename:</b>
<b>Address (if different from above):</b>		<b>Home Telephone:</b>
<b>Postcode:</b>		<b>Work Telephone:</b>
<b>Nature of Relationship to pupil:</b>		<b>Does the pupil reside at this address? YES / NO</b>

<b>Present School:</b>
<b>Address</b>
<b>Telephone No:</b>
<b>Name of Headteacher:</b>
<b>Details of siblings currently attending The Archbishop Lanfranc School:</b>

Surname:	Forename	Year Group:
1		
2		
3		

**If you consider that your child should be admitted on medical grounds, please provide written supporting evidence from a registered health professional giving the particular reasons for this being the most suitable school and the difficulties that would be caused if the child had to attend another school.**

Signed..... Date .....

Relationship to child .....

**This form should be returned by Friday 22 October 2010 to:**

**The Archbishop Lanfranc School, Mitcham Road, Croydon, CR9 3AS**

**Entrance tests will be held on the following date:**

**Saturday 4 December 2010**