PLEASE NOTE

In-year applications: Applicants should provide proof of address such as:

Council Tax bill Tenancy Agreement from a registered private letting agency Utility Bill

Twyford receives in excess of 600 applications each year and there is a waiting list for **ALL YEAR GROUPS**

The completed form should be sent by the parent/carer to the Governors' Admission Panel, Twyford Church of England High School, Twyford Crescent, Acton, London W3 9PP

FOR OFFICE USE

Date received:



IN-YEAR SUPPLEMENTARY INFORMATION FORM (RELIGIOUS REFERENCE) FOR A WORLD FAITH PLACE to be used by members of World Faiths applying for a place in Years 7 - 11

APPLICATION FORMS MUST BE RETURNED TO THE SCHOOL AT THE ABOVE ADDRESS

This form is for the use of the Governors' Admission Panel so that they may consider this application fully. The information given, together with any supporting evidence submitted, is the Governors' only source of information. Applicants on behalf of a Looked After or Previously Looked After Child need only complete page 1 of this form. All other applicants need to complete BOTH sections of the form accurately and with the full details. The form, together with all supporting evidence, is made available to the Appeals Panel in the case of any Appeal against non- admission. In all other aspects, information is treated in confidence.

If you have difficulty in completing any part of the form, please email admissions@twyford.ealing.sch.uk

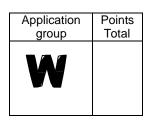
DATE OF BIRTH:				
HOME ADDRESS:				
	Post code:			
Current school:				
Full Name of any sibling (brother/sister already at Twyford who will still be at Twyford next academic year)				
Parent or carer details: (THIS IS WHO LETTERS FROM TWYFORD WILL BE ADDRESSED TO)				
Surname:	Email address:			
Forename:				
Mr/Mrs/Miss/Ms:	Alternative contact:			
Relationship to child:	Name:			

LEGAL SURNAME OF CHILD:			
FORENAMES:			
DATE OF BIRTH:			
HOME ADDRESS:			
	Post code:		
Current school:			
Full Name of any sibling (brother/sister already at Twyford who will still be at Twyford next academic year)			
Parent or carer details: (THIS IS WHO LETTERS FROM TWYFORD WILL BE ADDRESSED TO)			
Surname:	Email address:		
Forename:			
Mr/Mrs/Miss/Ms:	Alternative contact:		
Relationship to child:	Name:		

LEGAL SURNAME OF CHILD:				
FORENAMES:				
DATE OF BIRTH:				
HOME ADDRESS:				
	Post code:			
Current school:				
Full Name of any sibling (brother/sister already at Twyford who will still be at Twyford next academic year)				
Parent or carer details: (THIS IS WHO LETTERS FROM TWYFORD WILL BE ADDRESSED TO)				
Parent or carer details: (THIS IS WHO LETTERS FRO	OM TWYFORD WILL BE ADDRESSED TO)			
Parent or carer details: (THIS IS WHO LETTERS FRO Surname:	DM TWYFORD WILL BE ADDRESSED TO) Email address:			
·				
Surname:	Email address:			
Surname:	Email address:			
Surname: Forename: Mr/Mrs/Miss/Ms:	Email address: Alternative contact:			
Surname: Forename: Mr/Mrs/Miss/Ms: Relationship to child:	Email address: Alternative contact: Name:			
Surname: Forename: Mr/Mrs/Miss/Ms: Relationship to child: Home Telephone: Mobile Telephone:	Email address: Alternative contact: Name: Telephone number:			
Surname: Forename: Mr/Mrs/Miss/Ms: Relationship to child: Home Telephone: Mobile Telephone:	Email address:			

If you post your application and wish to receive acknowledgement that the school has received it please enclose an s.a.e. If you bring your application to the school please ensure you receive a receipt

In-year for 2022/23



PART A

Religious Reference.

This part is to be completed by the Religious Leader, in the presence of the applicant. We suggest that the details are discussed and agreed with the parents before submission to the Governors. Religious leaders may wish to retain a copy for their own records should further enquiries prove necessary. Your attention is drawn to the admission criteria which have already been given to the applicant, and which are available on the school website (www.twyford.ealing.sch.uk). Please note this form cannot be completed by teachers of Saturday Schools.

[Please tick the corre	ect box 1	For SCHOOL	Postcode
 Child's Gurdwara/Temple/Mosque/Synagogue attendance over the last 5 years. Please tick the appropriate box that describes the child's attendance. (max 5 points) 	Weekly3 times a MonthFortnightlyMonthlyOccasionally	Use only	Telephone Number:
 Parent's Gurdwara/Temple/Mosque/Synagogue attendance <u>over the last 5 years</u>. Please tick the appropriate box that describes the parents' attendance. (max 5 points) 	Weekly3 times a MonthFortnightlyMonthlyOccasionally		OFFICIAL STAMP OF F
 For how many years <u>over the last 5 years</u> has the child attended the Gurdwara/Temple/Mosque/Synagogue services? (max 5 points) 	One year Two years Three years Four years Five years		Signed:Religious leader Name (in block capitals ples PART B TO BE SIGNED BY PARENT:
 For how many years <u>over the last 5 years</u> have the Parents attended the Gurdwara/Temple/Mosque/Synagogue? (max 5 points) 	One year Two years Three years Four years Five years		During the last 5 years: If you attend more than one Gurdwara/Temple/Mosque/Synagogue or if you hav recently moved or changed Gurdwara /Temple/Mosque/Synagogue, please arra reference from the religious leader of the other place of worship to be included I confirm that the information in Part A is correct.
Note to the Religious Leader:			
Please put your full signature next to any alterations.			Signed: Parent / Carer
In the event that during the period specified for attendance a other faiths, relevant place of worship, has been closed for r	at worship the church or, in relation t	o those of	Date:

other faiths, relevant place of worship, has been closed for public worship and has 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 church or in relation to those of other faiths, relevant place of worship or alternative premises have been available for public worship.

Name of Place of Worship.....

Address:

.....

OFFICIAL STAMP OF PLACE OF WORSHIP

..... Name (in block capitals please)

urdwara/Temple/Mosque/Synagogue or if you have urdwara /Temple/Mosque/Synagogue, please arrange for a eader of the other place of worship to be included with this application.

..... Parent / Carer