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

|--|

Date received: .	 	

In-year for 2024/25

□ □ 2 of 2



TWYFORD CHURCH OF ENGLAND HIGH SCHOOL Twyford Crescent, Acton, London W3 9PP Telephone Number: 0208 752 0141

Application group

Open

IN-YEAR APPLICATION FORM FOR AN OPEN (NON-RELIGIOUS) PLACE

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

N.B. Applicants who are able to obtain a religious reference have a higher priority than those who are not.

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

LEGAL SURNAME OF CHILD:				
FORENAMES:				
DATE OF BIRTH:				
HOME ADDRESS:				
	Post code:			
Current school:				
Full Name of any sibling (brother/sister already year)	at Twyford who will still be at Twyford next academic			
Parent or carer details: (THIS IS WHO LETTERS FRO	OM TWYFORD WILL BE ADDRESSED TO)			
Surname:	Email address:			
Forename:				
Mr/Mrs/Miss/Ms	Alternative contact number:			
Relationship to child				
Home Telephone:				
Mobile Telephone:				
I wish my child to be admitted to Twyford C of E High School and confirm that the information submitted on this form is correct.				
Signature of Parent or Carer				
• • • • • • • • • • • • • • • • • • • •	e acknowledgement that the school has received it ication to the school <u>please ensure you receive a</u>			

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