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



Twyford Cof E High School SUPPLEMENTARY INFORMATION FORM (RELIGIOUS REFERENCE) FOR A WORLD FAITH PLACE To be used by members of World Faiths applying for ONE OF THE 21 PLACES AVAILABLE FOR YEAR 7 in September 2025

1. THIS FORM SHOULD BE RETURNED TO TWYFORD (AT THE ADDRESS ABOVE) BY 4:00 PM ON FRIDAY 25 OCTOBER 2024. Failure to complete a supplementary information form may affect the priority afforded to the application.

2. YOU MUST ALSO RETURN THE COMMON APPLICATION FORM TO YOUR LOCAL BOROUGH BY THURSDAY 31 OCTOBER 2024 unless otherwise advised.

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 before the closing date above, is the Governors' only source of information. Please fill this form in clearly and in CAPITAL LETTERS.

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 A and B of the form accurately and with 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. **Please complete the form for the type of place for which you are applying: - PEACH form for a Foundation or Christian place; YELLOW form for a World Faith place.**

If you have difficulty in completing any part of the form, please contact the Admissions Officer by emailing <u>admissions@twyford.ealing.sch.uk</u>.

LEGAL SURNAME OF CHILD:
FORENAMES:
DATE OF BIRTH:
HOME ADDRESS:

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 FF	
Surname:	Email a
Forename:	
Mr/Mrs/Miss/Ms	Alternat
Relationship to child:	Name:
Home Telephone:	Telepho
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

FOR OFFICE USE

<u>PLEASE NOTE</u> 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(s) to the Governors' Admission Panel, Twyford Church of England High School, Twyford Crescent, Acton, London W3 9PP by 4:00 PM ON FRIDAY 25th OCTOBER 2024.

Applicants will receive an email confirming their application has been received by the school. Please clearly write your email address in capital letters on the form. Please be advised email receipts can take up to 14 school days to be sent. If you have not received an email confirming receipt of your application after 14 school days, please email admissions@twyford.ealing.sch.uk.

Date received:

Application group Total

...Postcode:

ORD WILL BE ADDRESSED TO)

address: tive contact: one number:

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 cor	rect box]	
 Child's Gurdwara/Temple/Mosque/Synagogue attendance <u>over the last 5 years</u>. Please tick the appropriate box that describes the child's attendance. (max 5 points) 	Weekly3 times a MonthFortnightlyMonthlyOccasionally	
 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	
3 . 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	

4. For how many years over the last 5 years have the Parents attended the Gurdwara/Temple/Mosque/Synagogue? (max 5 points)

One year	
Two years	
Three years	
Four years	
Five years	

Note to the Religious Leader:

Please put your full signature next to any alterations.

In the event that during the period specified for attendance at worship the church or, in relation to those of 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.

ŀ	Name of Place of Worship
L	Address:
	Postcode
	Telephone Number:
	OFFICIAL STAMP OF PLACE OF WORSHIP:
	Signed: Religious leader
	PART B TO BE SIGNED BY PARENT:
	During the last 5 years: If you attend more than one Gurdwara/Temple/Mosque/ recently moved or changed Gurdwara /Temple/Mosque reference from the religious leader of the other place o
	I confirm that the information in Part A is correct.
	Signed: Parent /
	Date:

.....

Name (in block capitals please)

/Synagogue or if you have e/Synagogue, please arrange for a of worship to be included with this application.

Carer