



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

Application group	Points Total
F	

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 FOUNDATION PLACE
to be used by a member of the Christian Faith 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. 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.

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:
.....
..... Postcode:

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:
Home Telephone: Telephone number:
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

In-Year for 2025/26

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PART A.

Religious Reference.

This part is to be completed by the **Parish Priest/ Minister**, 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 tick the correct box]

1. Child's Church attendance over the last 5 years
Please tick the appropriate box that describes the child's attendance at church services each year
(max 5 points)

Weekly	
3 times a Month	
Fortnightly	
Monthly	
Occasionally	

2. Parent's Church attendance over the last 5 years
Please tick the appropriate box that describes the parent's attendance at church services each year
(max 5 points)

Weekly	
3 times a Month	
Fortnightly	
Monthly	
Occasionally	

3. For how many years over the last 5 years has the child attended Church services or Sunday school?
(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 Parent(s) attended the Church?
(max 5 points)

One year	
Two years	
Three years	
Four years	
Five years	

For
SCHOOL
Use
only

Note to Parish priest/Minister:

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.

Place of worship:

Address:

.....

..... Postcode

Telephone Number:

Denomination:

Stamp of church
if available

Signed:
Parish Priest/Minister Name (in block capitals please)

Please note that 1 additional point is awarded to applicants who attend the Church of England as their main place of worship.

PART B

TO BE SIGNED BY PARENT:

During the last 5 years:-

If you attend more than one Church, or if you have recently moved or changed Churches, please arrange for a reference from the Priest/Minister of the other Church(es) to be included with this application.

I confirm that the information in Part A is correct.

Signed: Parent / Carer

Date: