

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 for 2020/21



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

Application group	Points Total
W	

**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

LEGAL SURNAME OF CHILD:

FORENAMES:

DATE OF BIRTH:

HOME ADDRESS:

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..... **Post code:**

Current school:

Full Name of any sibling (brother/sister already at Twyford who will still be at Twyford next academic year)

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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

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

