FOR OFFICE USE

PLEASE NOTE 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 Friday xx October 2010

Date received: ....

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

Application group	Points Total
W	

SUPPLEMENTARY INFORMATION FORM (RELIGIOUS REFERENCE)
FOR A WORLD FAITH/OPEN PLACE
To be used by members of World Faiths and those of no faith applying for ONE OF THE 30 PLACES AVAILABLE FOR YEAR 7 in September 2011

1. **THIS FORM SHOULD BE RETURNED TO TWYFORD (AT THE ADDRESS ABOVE) BY FRIDAY xx OCTOBER 2010. 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 FRIDAY xx OCTOBER 2010**

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. **It is important that BOTH sections of the form are completed accurately and the fullest details given.** 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; - Green form for a Foundation or Christian place; Blue form for a World Faith/Open place.**
Please note that 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 telephone the School and talk to the Admissions Officer.

LEGAL SURNAME OF CHILD………………………………………………………………………………

FORENAMES:………………………………………………………………………………………

MALE OR FEMALE………………………………… **DATE OF BIRTH**……………………………………

HOME ADDRESS:-……………………………………………………………………………………

……………………………………………………………………………………………

……………………………………………… **Post code:**………………………………

Local Authority to whom Council Tax is paid………………………………………………………

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

....

Parent(s) or carer(s) Details: (THIS IS WHO LETTERS FROM TWYFORD WILL BE ADDRESSED TO)-

1)	2)
Surname: ………………………………………..	**Surname:** …………………………………………………
Forename:……………………………………….	**Forename:**……………………………………………………
Mr/Mrs/Miss/ Ms……………………………….	**Mr/Mrs/Miss/ Ms**…………………………………………
Relationship to child……………………………	**Relationship to child**………………………………………..
Home Telephone:………………………………...	**Home Telephone** ………………………………………………
Mobile Telephone:………………………………	**Mobile Telephone:**………………………………………...

I/we wish our child to be admitted to Twyford C of E High School and confirm that the information submitted on this form is correct.
Signature(s) of Parent(s) or Carer(s) 1) ……………………………… 2)……………………………
If you post your application and wish to receive acknowledgement that the school has received it <u>please enclose an s.a.e.</u> If you bring your application to the school <u>please ensure you receive a receipt</u>

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.* **Please note this form cannot be completed by teachers of Saturday Schools.**

[Please tick the correct box]

For SCHOOL Use only

1. 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)

Weekly	
3 times a Month	
Fortnightly	
Monthly	
Occasionally	

2. Parent's Gurdwara/Temple/Mosque/Synagogue attendance over the last 5 years.
Please tick the appropriate box that describes the parents' attendance.
(max 5 points)

Weekly	
3 times a Month	
Fortnightly	
Monthly	
Occasionally	

3. Child's Gurdwara/Temple/Mosque/Synagogue involvement.
Please tick appropriate box(es) to indicate the way in which the child is involved (max 2 points)

☐ Youth Group
☐ Community language Group
☐ Receiving instruction in the faith
☐ Dance/worship group

4. Parent's Gurdwara/Temple/Mosque/Synagogue Involvement.
Please tick appropriate box(es) to indicate the way in which the parent (s) is involved (max 4 points)

☐ Elected member of place of worship leadership committee
☐ Cleaning place of worship
☐ Serving refreshments at place of worship
☐ Preparing food at place of worship
☐ Working with children at place of worship
☐ Stewarding
☐ Attending study group

5. For how many years over the last 5 years has the child attended the Gurdwara/Temple/Mosque/Synagogue services?
(max 5 points)

One year	
Two years	
Three years	
Four years	
Five years	

6. For how many years over the last 5 years have the Parents attended or been involved in the life of the Gurdwara/Temple/Mosque/Synagogue?
(max 5 points)

One year	
Two years	
Three years	
Four years	
Five years	

For School Use only

During the last 5 years:
If you attend more than one Gurdwara/Temple/Mosque/Synagogue or if you have recently moved or changed Gurdwara /Temple/Mosque/Synagogue, please arrange for a reference from the religious leader to be included with this application.

7. TO THE RELIGIOUS LEADER

Please indicate here a) the number of activities in question 3 the child is involved in _____

b) the number of activities in question 4 the parent is involved in_____

N.B. IF THERE IS NO INVOLVEMENT please draw a line through questions 3 and 4.

Signed: ……. …….
Religious leader **Name (in block capitals please)**

Name of Place of Worship……

Address: ……
……
…….. Postcode ……

Telephone Number: ……

OFFICIAL STAMP OF PLACE OF WORSHIP:

PART B

TO BE SIGNED BY PARENT:
I confirm that the information in Part A is correct.

Signed: …….. **Parent / Carer** ……

Date:……