



**GOFFS ACADEMY
LANGUAGE APTITUDE TEST APPLICATION FORM**

DATE OF TEST: Saturday 6th October 2018 at 8.30am

Name of child:		
Address:		
	Post Code:	
Telephone No:		
E-mail Address: (please print clearly)		
Primary School		
Closing date for return of form:	28th September 2018	
Return to:	<i>Mrs N Walters, Goffs Academy, Goffs Lane, Cheshunt, Hertfordshire EN7 5QW</i>	

PLEASE NOTE THAT IF YOUR APPLICATION FORM IS RECEIVED AFTER 28th SEPTEMBER, YOUR CHILD WILL BE UNABLE TO SIT THE APTITUDE TEST. WE ALSO REQUIRE AN EMAIL ADDRESS TO ENABLE US TO CONFIRM ATTENDANCE AT THE TEST AND TO NOTIFY YOU OF YOUR CHILD'S SCORE. IF ACKNOWLEDGEMENT OF YOUR APPLICATION IS REQUIRED PLEASE ENCLOSE A STAMPED ADDRESSED ENVELOPE