



**GOFFS ACADEMY  
LANGUAGE APTITUDE TEST APPLICATION FORM**

**DATE OF TEST: Saturday 17<sup>th</sup> October 2020 (between 8:30am-11:30am -time to be confirmed)**

<b>Name of child:</b>			
<b>Address:</b>			
	<b>Post Code:</b>		
<b>Telephone No:</b>			
<b>E-mail Address:</b> (please print clearly)			
<b>Primary School</b>			
<b>Closing date for return of form:</b>	<b>25th September 2020</b>		
<b>Return to:</b>	<i>Mrs N. Walters, Goffs Academy, Goffs Lane, Cheshunt, Hertfordshire EN7 5QW</i>		

**PLEASE NOTE THAT IF YOUR APPLICATION FORM IS RECEIVED AFTER 25th 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**