



St Giles' Church of England
 Infant School
 Dene Road, Ashtead
 Surrey, KT21 1EA
 Telephone: 01372 272017
 Email: office@stgiles.surrey.sch.uk



**Supplementary Information Form
 2018/2019**

For applications under Church criteria 3, 4 or 7

| | |
|--|-------------------------|
| Child's Surname | Christian Name |
| Date of Birth | Male / Female |
| Parent's Surname | Parent's Christian Name |
| Child's Home Address: | |
| Parent's contact telephone number: | |
| Mobile: | |
| Email address: | |
| I/we confirm attendance at (name of church) at least once a month (on a Sunday or mid-week service) and have done so for a minimum of 6 months preceding the date of this application. | |
| Signature of Parent(s) | |
| Date..... | |
| I confirm that the above-named is/are known to me and that they attend church at least once a month and have done so for a minimum of 6 months preceding the date of this application. | |
| Name of Minister | Signature |
| Name of Church | Date |
| Church stamp: | |
| <i>(Families who are new to the area and wish to be considered under criterion 3, 4 or 7 must provide evidence of the same pattern of worship from their previous church)</i> | |

Applicants applying under Church criteria 3, 4 or 7 must complete this form, hand to their church minister to sign and then return to St. Giles' school office by 15th January 2018. This is in addition to the Surrey County Council application.