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| stgembcolour | **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 2024/2025 For applications under Church criteria 5** | cid:image001.png@01D0ADA8.D108CBF0 |

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| 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 (at a Sunday or mid-week service) and have done so for a minimum of 6 months immediately 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 immediately preceding the date of this application.  Name of Minister …………………………………………Signature ………………………………………….  Name of Church ……………………………………………………………….Date …………………………..  Church stamp (optional):  *(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*) | |

**Applicants applying under Church criteria 5 must complete this form, hand to their church minister to sign and then return to St. Giles’ school office by 15th January 2024. This is in addition to the Surrey County Council application.**