



**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  
 2025/2026  
 For applications under Church criteria 5**

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):	
<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 5 must complete this form, hand to their church minister to sign and then return to St. Giles' school office by 15<sup>th</sup> January 2025. This is in addition to the Surrey County Council application.**