



**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
 2027/2028**

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 15th January 2027. This is in addition to the Surrey County Council application.