



**ESHER CHURCH SCHOOL**  
 Milbourne Lane, Esher, Surrey KT10 9DU  
 Telephone: 01372 463139  
 Email: office@esherchurchschool.org.uk

## SUPPLEMENTARY INFORMATION FORM – Y1 - Y6

Please complete and return to the above address

For school use only:

Category: .....

In accordance with our Admissions Policy this form must be completed by applicants applying under criteria **4, 5 or 8**. Applications received without this form will be ranked using only the information provided on the Surrey County Council form.

Name of child	_____	Boy/Girl	_____
Date of Birth	_____	Date of Proposed Entry	_____
Home Address	_____		
Postcode	_____	Telephone no	_____
e-mail address	_____		
Brothers/Sisters already attending Esher Church School			
Name	_____	Date of Birth	_____
Name	_____	Date of Birth	_____

Parents/Guardians*	Father (if appropriate)	_____
	Mother (if appropriate)	_____
* natural, adoptive, step or foster parent/s or other legal guardian/s.		

I am/We are currently actively affiliated* to Christ Church, Esher or St. George's, West End <i>(please circle)</i>	Yes / No
I am/We are currently actively affiliated* to Holy Trinity, Claygate, All Saints', Weston or St Christopher's, Hinchley Wood <i>(please circle)</i>	Yes / No
I am/We are currently actively affiliated* to another Christian Church designated or pursuant to the Church of England (ecumenical relations) Measure 1988 <i>(please circle)</i>	Yes / No
If you are applying under categories 4, 5 or 8 please complete the details of the church attended in the first box overleaf and submit to the ECS school office. They will forward to the applicable church on your behalf.	
If you are applying under categories 4,5 or 8 and you have moved into the area in the past 24 months and so have not been actively affiliated* to your current church for 24 months immediately prior to your application, please also advise details of the church previously attended.	
* 'actively affiliated' is defined as attendance by one or both parents and the child for whom the application is being made at Sunday Worship at least twice a month for a period of at least 24 months immediately before the closing date for applications or at the point at which a place becomes available later in the school year.	

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

A receipt will be issued, via email, once this form has been received at the school. If you do not receive a receipt within 5 working days of submitting your form please contact the school office.

## To be completed by the Parish Priest/Minister

### Church Reference Request

Parish Priest/Minister \_\_\_\_\_

Priest/Minister email address \_\_\_\_\_

Previous church details if you have attended the above church for less than 24 months.

\_\_\_\_\_

\_\_\_\_\_

### To be completed by the Parish Priest/Minister of the above church or a recognised church officer:

I confirm that

\_\_\_\_\_ is/are\*

known/not known\* to me as a family that has an active affiliation to our Church. Parents and children have/have not\* attended Sunday worship at least twice a month for a period of at least 24 months.

Signed \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

\* Please delete as appropriate