



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

SUPPLEMENTARY INFORMATION FORM A – 2024/25

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 criterion **3**, **where the member of staff has been employed at the school for 2 or more years at the closing date for applications**. 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 _____	
Name of Parent _____	
Statement of Member of Staff (parent)	
I have been employed at Esher Church School since _____ (insert start date) in accordance with criterion 3 in ECS 2024/25 admission arrangements.	
_____ (Print Name)	_____ (Signed)
_____ (Position held)	_____ (Date)

<u>Confirmation of employment at the school for 2 or more years at the closing date for applications</u>	
Name of Headteacher _____	Signature of HT _____
Name of Chair of Governors _____	Signature of CofG _____
Date _____	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.