



**ESHER CHURCH SCHOOL**  
 Milbourne Lane, Esher, Surrey KT10 9DU  
 Telephone: 01372 463139  
 Email: [admissions@esherchurchschool.org.uk](mailto:admissions@esherchurchschool.org.uk)

**SUPPLEMENTARY INFORMATION FORM B – 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 4 **in respect of siblings who have left Year 6 at the school in the preceding two years only.** Please note, it should not be completed in respect of siblings currently at the school. Applications received without this form will be ranked using only the information provided on the Surrey County Council form.

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Proposed Entry \_\_\_\_\_

Home Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone no \_\_\_\_\_

e-mail address \_\_\_\_\_

**Statement of Parent**

I confirm that the sibling named below attended Esher Church School between \_\_\_\_\_ (start date) and \_\_\_\_\_ (leaving date) in accordance with criterion 4 in ECS admission arrangements 2024/25

Name of Sibling \_\_\_\_\_

Name of Parent \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Name of Admissions Officer \_\_\_\_\_ Signature \_\_\_\_\_

Name of Headteacher \_\_\_\_\_ Signature \_\_\_\_\_

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.