



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

SUPPLEMENTARY INFORMATION FORM B – 2025/26
 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 2025/26

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.