



**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 – 2026/27**

**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 _____	
<b>Statement of Parent</b>	
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 2026/27	
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.