



**St Matthew's Church of England
 Infant School**
Downside, Cobham
Surrey, KT11 3NA
Telephone: 01932 863212
Email: admin@stmatthews-cobham.surrey.sch.uk



Supplementary Information Form B, for applications under Church criterion 4.

Child's Surname	Christian Name
Date of Birth	Male / Female
Parent's Surname	Parent's Christian Name
Child's Home Address:	
Parent's contact telephone number:	
Mobile:	
Email address:	
I/we confirm attendance at (name of church) at least once a month and have done so for a minimum of 6 months preceding the date of this application. Signature of Parent(s) Date.....	
I confirm that the above-named is/are known to me and that they attend church at least once a month and have done so for a minimum of 6 months preceding the date of this application. Name of MinisterSignature Name of ChurchDate Church stamp:	

Applicants under Church criterion 4 must complete this form, hand to their church minister to sign and then return to St. Matthew's office. This is in addition to the Surrey County Council application.