



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 A, for applications under criterion 3 – 'Children who have a sibling who *previously* attended the school to the end of Year 2'. Please do not complete this form for siblings who are attending the school at the time of application.

Applicant Child's Surname	Applicant Child's Christian Name
Date of Birth	Male / Female
Sibling's Surname	Sibling's Christian Name
Dates attended St Matthew's CofE Infant School	
From	To
Home Address	
Parent's Full Name	
Parent's contact telephone number	
Mobile	
e-mail address	
Parent's signature.....Date.....	
For completion by the Headteacher	
I confirm that the above-named sibling previously attended the school between the dates shown.	
Name of HeadteacherSignature	
Date	

Applicants under criterion 3 must complete this form and then return to St. Matthew's office. This is in addition to the Surrey County Council application.