

**Appendix B – Supplementary Information Form (SIF)**



**Supplementary Information Form  
for admission from 1<sup>st</sup> September 2027 – 31<sup>st</sup> August 2028  
To be completed under criterion 4 for a child whose sibling has already left the school ONLY**

Name of child .....

Date of birth .....

Name of Parent(s)/Guardian(s) .....

Address .....

.....

Tel. Number (home)..... Mobile .....

E-mail .....

Name of sibling who attended Puttenham Church of England Infant School

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Date of sibling's admission to the School .....

Date of sibling leaving the School .....

Signature of Parent(s)/Guardian(s) .....

Date .....

**To be completed by the Headteacher of Puttenham C of E Infant School**

I confirm that ..... attended Puttenham Church of England Infant School from the dates listed above.

Signature of Headteacher: .....Date.....

**Parent(s)/Guardian(s) are to return this form, by the closing date of admissions:** The Administration Officer, Puttenham C of E Infant School, School Lane, Puttenham, Guildford, Surrey GU3 1AS.