



Supplementary Information Form for admission from 1 September 2024 – 31st August 2025 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	
Address	
Tel. Number (home)	Mobile
E-mail	
Name of sibling who attended Puttenham Church	of England Infant School
Date of sibling leaving the School	
Signature of Parent(s)/Guardian(s)	
Date	
To be completed by the Headteacl	ner of Puttenham C of E Infant School
I confirm that Infant School from the dates listed above.	attended Puttenham Church of England
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.