



**Supplementary Information Form for Admissions 2025/26**

*To be completed for applications under criterion 4 (child of a member of staff). Please send completed forms to:*

*The Admissions Officer  
Hoe Valley School  
Egley Road  
Woking  
GU22 0NH*

Child's Surname: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Name of Staff Member: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Position at School: \_\_\_\_\_

Start Date: \_\_\_\_\_

I declare that I am a member of staff at Hoe Valley School and, in line with the published oversubscription criteria, I believe my child should be considered under the 'children of staff at the School' criterion.

I have been working at the School for at least two years; or

I meet a skills shortage

*Please tick where appropriate.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_