

Supplementary Information Form for Reception Year Admission in Sept 2024

To be completed for all applicants applying for a faith-based place. Must be returned to the school by 15th January 2023. Please go to your place of worship and complete the information below. Once completed and stamped, please send via email to admissions.npsw@nishkamschools.org and add the Year group and "Supplementary Information Form" to the subject box by 15th January 2023. Please ensure all statements are circled correctly and all sections are filled in otherwise the SIF maybe rejected. Any issues please email admissions.npsw@nishkamschools.org

Section A: About you and your child

Full name of child			
Date of birth (DD/MM/YYYY)	Name of parent or guardian		
Home address		Post code	
Email Address		Phone Number	
Continue D. FOR CIVIC	ONLY Confirmation that a fileh shild/neverth		A manifed band an abild

Section B: FOR SIKHS ONLY Confirmation that a Sikh child/parent/guardian is/are Amritdhari or child

is Keshdho	ari.					
	ation to be made by an authorised le Yes or No to all three statements and fill in	•	a Gurudwai	a or a Sik	ch religio	us body.
initia: Gurd	/ No I confirm that the child named at tion at the Gurdwara held on (date) wara/Jatha/Dharmic event).	at	•••••			(Name of organising
2. Yes / No I confirm that the parent/guardian named above was initiated as a Khalsa with <i>Khanda-di-Pahul</i> during the <i>Amrit</i> Sanchar initiation held on (date)						
3. Yes / No I confirm that the child named above is <i>Keshadhari</i> (has uncut hair).						
Name		Signature				Official stamp of Gurudwara
Position		Name of Gurudwara				
Address		Post code		Tel		
						Date:
Section C	: FOR NON-SIKHS ONLY Co	nfirmation t	hat the apr	licant/pa	rent/gua	ardian of another

religion is/are baptised (or formally initiated) into that religion.

	n to be made by an authorised sor No to both statements and fill in all ti		an appropri	iate place of wor	ship or religious body.
Yes / No I co faith (or forma	nfirm that the child and parent/guanfirm that the applicant (and/or paully initiated) into the (name of relipof worship/religious event)	rent or guardiar gion/faith)	n) named abo	ve was/were are ba	at (name of
Copies of baptism certificates or similar evidence may be submitted in addition to fully completing this form.					
Name		Signature			Official stamp of place of worship
Position		Place of worship			
Address		Post code		Tel	Date:
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Please sign below to confirm that the following statements are true.					
 I confirm that the information given in this form is accurate and true. I understand that any intentionally mispleading or fraudulent information provided about me or my child may result in the invalidation of my application and withdrawal of any place offered. 					
Name	Signed				
Relationship to child					