

Supplementary Information Form for Year 7 and Year 12 Admission in Sept 2024

To be completed for all applicants applying for a faith-based place. Please go to your place of worship and complete the information below. Once completed and stamped please send via email to admissions.nhsb@nishkamschools.org and add the Year group and "Supplementary Information Form" to the subject box by 31st October 2023 for Year 7. Please ensure all statements are circled correctly and all sections are filled in otherwise the SIF maybe rejected. Any issues please email admissions.nhsb@nishkamschools.org

Full name of child						
Date of birth (DD/MM/YYY	~)		Name of parer	ot or		
Date of birtif (DD/MM/FFF	1)		guardian	it or		
Home address					Post code	
Email Address				Ph	none Numbe	er
Please state your re ection B: FOR SIKH s Keshdhari.			Sikh child/par	ent/gua	rdian is/ar	e Amritdhari or child
Confirmation to be n (Please circle Yes or No to a			f a Gurudwara	ı.		
I. Yes / No I confirm th			d above are kno	wn to me.		
Gurdwara/Jatha/Dharmid 3. Yes / No I confirm th	dwara held on (date) c event). nat the parent/guardian i on (date)at	named above v	vas initiated as a	Khalsa wi Name of or	th Khanda-di	(Name of organising
Name		Signature		•	<u>C</u>	Official stamp of Gurudwara
Position		Name of Gurudwara				
Address		Post code		Tel		
					<u></u>	Date:
Section C: FOR NO eligion is/are baptis	ed (or formally init	iated) into t	that religion.	•		
Confirmation to be n (Please circle Yes or No to be			of an appropria	te place	of worship	or religious body.
Yes / No I confirm that Yes / No I confirm that faith (or formally initiate Church/place of worship Copies of baptism certif	the applicant (and/or part) into the (name of relo/religious event)	arent or guardi ligion/faith)	ian) named abov	e was/wer on (date).		•••
Name	icates of similar evidence	Signature	iii addicioi	<u>ı</u> to lully c		Official stamp of place of worship
Position		Place of worship				
Address		Post code		Tel		Date:
Section D: Confirma	ations by parent or	guardian.				
Please sign below to			onts are true			
riease signi below to	committe that the folic	owing statem	ients are true.			
2. I understand that an		ng or frauduler	nt information pr	ovided abo	out me or m	y child may result in the
2. I understand that an		ng or frauduler	nt information pr offered.	ovided abo	out me or m	y child may result in the

Date

Relationship to child