

Supplementary Information Form for Year 7 and Year 12 Admission in Sept 2025

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 2024 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

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Please note y		eive email acknowl bmission deadline,					acknowledgement before s.org
ection A: A	bout you an	d your child					
Full nam	e of child						
Date of birt	n (DD/MM/YYYY)			Name of pare	ent or		
Home address						Post code	‡
Email Address					Phone Numl	ber	
Section B: FC	Please kir OR SIKHS ON		egular place that a Sikh cl	nild/parent/gu	ıardian		n signed. dhari or child is Keshdhari.
(Please circle	Yes or No to all thr	e by an authorised ee statements and fill in	all the details)				
I. Yes / No	I confirm that t	the child and parent/	guardian name	d above are kn	own to	me.	
initiation a Gurdwara/ 3. Yes / No Sanchar in	at the Gurdwa Jatha/Dharmic eve I confirm that t itiation held on	ara held on (date) ent). :he parent/guardian r	named above w	vas initiated as a	a Khalsa (Name c	with Khanda-c	ring the Amrit Sanchar (Name of organising di-Pahul during the Amrit dwara/Jatha/Dharmic event).
Name			Signature				Official stamp of Gurudwara
Position			Name of Gurudwara				
Address			Post code		Tel		
							Date:
		SIKHS ONLY Co (or formally initi				t/parent/gua	rdian of another
		e by an authorised tatements and fill in all t		f an appropri	ate pla	ce of worship	p or religious body.
Yes / No l of faith (or form Church/place	confirm that the mally initiated) in e of worship/rel	nto the (name of reli ligious event)	arent or guardi igion/faith)	an) named abo	ve was/ on (da	were are baptis te)	••••
Copies of ba	ptism certificate	es or similar evidenc	1	itted <u>in additio</u>	<u>n</u> to ful		
Name			Signature				Official stamp of place of worship
Danisian			Place of			7	

Position

Address

Section D: Confirmations by parent or guardian.							
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					

Tel

Date:

worship

Post code

Relationship to child	Date	

NB No further evidence is needed if this form is properly completed. Any additional evidence, such as a letter from a Gurudwara, place of worship, or religious body will only be considered if it addresses the School's admissions criteria, other factors cannot be considered.