

Supplementary Information Form for Year 7 and Year 12 Admission in Year 2023 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. Please ensure all statements are circled correctly and all sections are filled in otherwise the SIF maybe rejected. Any issues please email

Section A: Abou	ut you a		sions.nhsb@	nishkamscho	ols.org	·	
Full name of	child						
Date of birth (DD/MM/YYYY)				Name of par	ent or		
Please state wh	•						
Home addi				Post co		Post code	
Email Address					Phone Nur		er
		lar place of wors ONLY Confirmat		Sikh child/p	arent/gua	rdian is/ar	e Amritdhari or child
(Please circle Yes or I. Yes / No I con 2. Yes / No I con	No to all thr firm that the firm the firm the firm the firm that the firm the firm the firm that the firm the fi		all the details) guardian name e was initiated	d above are ki d as a Khalsa w	nown to me	di-Pahul durin	ng the <i>Amrit Sanchar</i> (Name of organising
3. Yes / No I con Sanchar initiation	firm that ton held on	he parent/guardian n			. (Name of o	ganising Gurd	-Pahul during the Amrit wara/Jatha/Dharmic event).
Name			Signature			2	Official stamp of Gurudwara
Position			Name of Gurudwara				
Address			Post code		Tel		× .
		SIKHS ONLY Co				_	oate: rdian of another
Confirmation to	o be mad No to both s	le by an authorised tatements and fill in all t	d signatory of the details)	of an approp	riate place	of worship	or religious body.
Yes / No I confir faith (or formally Church/place of w	m that the initiated) i vorship/re	nto the (name of reli ligious event)	rent or guard gion/faith)	ian) named abo	ove was/wer on (date)		
Name	certificat	es or similar evidenc	Signature	nitted <u>in additi</u>	on to fully c		Official stamp of place of worship
Position			Place of worship				
Address			Post code		Tel		Date:
Section D: Con	firmatio	ns by parent or	guardian.	l			
I. I confirm that I understand to	the inforr	firm that the follo nation given in this fo tentionally mispleadir ation and withdrawa	orm is accurate ng or frauduler	e and true. nt information		out me or m	y child may result in the
Name					Signed		
Relationship to ch	ild				Date		