



## Guidance on how to complete the Sikh Place of Worship Form

### Section: Please answer the following questions

To be completed in full by the parent/carer applying for their child at the Gurudwara with a priest or secretary (**Authorised Signatory**).

Please answer the following questions:

Name of the Authorised Signatory completing this form	
Position of the Authorised Signatory at the Gurudwara	
Name and Full Address of the Gurudwara	
Telephone Number of the Gurudwara/Signatory	
Name of the child applying at Nishkam High School Birmingham	
Name of parents/guardian(s)	

### Section: The signatory (priest or secretary) named above must answer the following

- Each statement needs to be **ticked** yes or no
- Date and location will need to be completed for initiation (**ONLY if the answer is YES for 2 and/or 3**)
- The form will need to be **signed** and **stamped** by the signatory (priest and secretary) from your Place of Worship

Without this information the Place of Worship Form will be rejected.

### CORRECT

The signatory named above must answer the following:

1	I confirm that the child and the parent/guardian(s) named above are known to me. (Tick Yes or No)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
2	I confirm that the child named above was initiated as a Khalsa with Khanda-di-Pahul during Amrit Sanchar initiation. (Tick Yes or No)  If your answer is Yes please provide the details in the last column	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Gurudwara where initiation took place:  Gurudwara Name Address of the Gurudwara: Gurudwara Address  Date of initiation: Date
3	I confirm that the parent/guardian(s) was/were initiated as a Khalsa with Khanda-di-Pahul during Amrit Sanchar initiation. (Tick Yes or No)  If your answer is Yes please provide the details in the last column	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Gurudwara where initiation took place:  Gurudwara Name Address of the Gurudwara: Gurudwara Address  Date of initiation: Date
4	I confirm that the child named above is Keshadhari (has uncut hair). (Tick Yes or No)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Signature of the Authorised Signatory at the Gurudwara (Please provide full name):  Signature		Date:  18/09/2025		
Please provide the most updated stamp from the Gurudwara below:   Stamp				

Once the form is completed, please upload to:

<https://www.nishkamschooltrust.org/nhsb/nhsb/admissions/how-to-apply/place-of-worship-forms-and-additional-doc>