

Supplementary Information Form for Year 7 and Year 12 Admission in Sept 2026

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 2025 for Year 7. Please ensure all statements are circled correctly and all sections are filled in otherwise the SIF maybe rejected. Please title the SIF file as student name followed by the student's date of birth. Any issues please email admissions.nhsb@nishkamschools.org Please note you should receive email admissions.nhsb@nishkamschools.org Please email admissions.nhsb@nishkamschools.org

tion A: A	bout you and y	nail <u>admissions.nhsb</u> our child						
Full na	me of child							
ate of birth	(DD/MM/YYYY)			Name of paren	t or guardian			
Home address			,				t code	
Email Address						Phone Number		
	Please	place of worship kindly go to your LY Confirmation (· child is Keshdho
Confirma Please circle	tion to be mad Yes or No to all thr	e by an authorised ee statements and fill in	d signatory of all the details)	f a Gurudwa	ra.			
initiation Gurdwara Yes / N Sanchar	o I confirm that to at the Gurdwa a/Jatha/Dharmic eve o I confirm that to initiation held on	the child and parent/s the child named above the held on (date) the parent/guardian n (date)	e was initiated at amed above w	as a Khalsa w ras initiated as	ith <i>Khanda-di-</i> loon ith Khalsa with (Name of orga	Khando	(N n-di-Pahul d	lame of organising uring the Amrit
lame			Signature				Official sta	amp of Gurudwara
osition			Name of Gurudwara					
Address			Post code		Tel		Date:	
		HS ONLY Confirmated) into that reli		he applicant	/parent/guar	dian of		religion is/are
		le by an authorised tatements and fill in all to		f an appropr	iate place of	worsh	ip or reli	gious body.
fes / No I aith (or fo Church/pla	confirm that the rmally initiated) in ce of worship/re	child and parent/gua applicant (and/or pa nto the (name of reli ligious event)	rent or guardiagion/faith)	an) named abo	ve was/were : on (date)		at	(name of
Lopies of t	paptism certificati	es or similar evidence	Signature	itted <u>in additi</u>	on to fully con	npleting		mp of place of worship
osition			Place of worship					
Address			Post code		Tel		Date:	
ection D:	Confirmations	by parent or guar	dian.	1	I		<u> </u>	
I. I confir 2. I under	rm that the inforr	firm that the follo nation given in this fo tentionally mispleadir ation and withdrawal	orm is accurate ng or fraudulen	and true. t information		t me or	· my child ı	may result in the

Signed

Date

Name

Relationship to child