

Supplementary Information Form for Admission

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 admissions.nhsb@nishkamschools.org

Section A: About you and your child

Full name	of child						
Date of birth ((DD/MM/YYYY)						
Name of pare guardian	nt or					h year gro u applying	•
Home ac	ddress				Po	ost code	
Email Ad	ldress				Phor	ne Numbe	r
Section B: FC is Keshdhari.	OR SIKHS	ONLY Confirma	tion that a S	ikh child/pa	arent/gua	ardian is/	are Amritdhari or child
		le by an authorised ree statements and fill in		a Gurudwar	a or a Sik	h religiou	s body.
initiation Gurdwara	held on (date /Jatha/Dharmic	event).			• • • • • • • • • • • • • • • • • • • •	. (Name of o	during the Amrit Sanchar organising da-di-Pahul during the Amrit
Sanchar in	nitiation held				(Name o		Gurdwara/Jatha/Dharmic event).
Name			Signature	(100 011000			Official stamp of Gurudwara
Position			Name of Gurudwara				
Address			Post code		Tel		
							Date:
		or formally initi				arent/gua	urdian of another
		de by an authorised statements and fill in all t		an appropri	ate place	of worshi	p or religious body.
Yes / No I con Yes / No I con (or formally in	nfirm that the nfirm that the itiated) into t	e child and parent/gua e applicant (and/or pa	ardian named ab rent or guardia faith)	n) named abo	ve was/wer		ised and practising their faith at (name of Church/place of
Copies of bapt	tism certificat	es or similar evidenc	e may be submi	tted <u>in additic</u>	on to fully c	ompleting	this form.
Name			Signature				Official stamp of place of worship
Position			Place of worship				
Address			Post code		Tel		Date:
Section D: C	onfirmatio	ons by parent or	guardian.				
Please sign b	elow to cor	nfirm that the follo	wing stateme	ents are true			
2. I understa	nd that any in	mation given in this fo stentionally mispleadir cation and withdrawa	ng or fraudulent	information p	provided ab	out me or	my child may result in the
2. I understa	nd that any in	itentionally mispleadir	ng or fraudulent	information p fered.	orovided ab	out me or	my child may result in the
2. I understal	nd that any in n of my appli	itentionally mispleadir	ng or fraudulent	information prefered.		out me or	my child may result in the