



Guidance on how to complete the Non-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 Place of Worship 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 Place of Worship	
Name and Full Address of the Place of Worship	
Telephone Number of the Place of Worship/Signatory	
Name of the child applying at Nishkam High School Birmingham	
Name of parents/guardian(s)	

Section: The signatory 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 baptised and/or practicing his/her religion, or formally initiated into the religion. (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	Religion: State Religion Place of Worship where initiation took place: Place of worship Name Address of the Place of Worship: Address Date of initiation: Date
3	I confirm that the parents/guardian(s) named above was/were baptised and/or practicing his/her/their religion, or formally initiated into the religion. (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	Religion: State Religion Place of Worship where initiation took place: Place of worship Name Address of the Place of Worship: Address Date of initiation: Date
Signature of the Authorised Signatory at the place of worship (Please provide full name):				Date:
Signature				18/09/2025
Please provide the most updated stamp from the place of worship 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>