

Supplementary Information Form for Year 7 and Year 12 Admission in Sept 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 by 31st October 2023 for Year 7. 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 parent or guardian			
Home address		Post code		
Email Address		Phone Number		
Section R. FOR SIKHS ONLY Confirmation that a Sikh child/parent/guardian is/are Ameritahari or child				

Section B: FOR SIKHS ONLY Confirmation that a Sikh child/parent/guardian is/are Amritdhari or child is Keshdhari.

Confirmation to be made by an authorised signatory of a Gurudwara or a Sikh religious body. (Please circle Yes or No to all three statements and fill in all the details)					
initiat	I. Yes / No I confirm that the child named above was initiated as a Khalsa with Khanda-di-Pahul during the Amrit Sanchar initiation at the Gurdwara held on (date)				
	/ No I confirm that the parent/guardiar	n named above	was initiated	as a Khalsa with Kha	nda-di-Pahul during the Amrit
Sanch	har initiation held on (date)at .			(Name of organising	_
3. Yes /	3. Yes / No I confirm that the child named above is Keshadhari (has uncut hair).				
Name		Signature			Official stamp of Gurudwara
Position		Name of Gurudwara			
Address		Post code		Tel	
		ı	<u> </u>	l	Date:
Section C: FOR NON-SIKHS ONLY Confirmation that the applicant/parent/guardian of another religion is/are baptised (or formally initiated) into that religion.					
Confirmation to be made by an authorised signatory of an appropriate place of worship or religious body. (Please circle Yes or No to both statements and fill in all the details)					
Vac / No. I confirm that the child and parent/quardian named shove are known to me					

Name	Signature		Official stamp of place of worship
Position	Place of worship		
Address	Post code	Tel	<u>Date:</u>

Section D: Confirmations by parent or guardian.

* *					
Please sign below to confirm that the following statements are true.					
 I confirm that the information given in this form is accurate and true. I understand that any intentionally mispleading or fraudulent information provided about me or my child may result in the invalidation of my application and withdrawal of any place offered. 					
Name		Signed			
Relationship to child		Date			