

## Supplementary Information Form for Reception Admission September 2026

To be completed for all applicants applying for a faith-based place. Must be returned to the school by 15th January 2026. Please go to your place of worship and complete the information below. Once completed and stamped please send via email to admissions.npsb@nishkamschools.org and add the Year group and "Supplementary Information Form" to the subject box by 15th January 2026. 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.npsb@nishkamschools.org

Full name of child						
ate of birth (DD/MM/YYYY)			Name of parent guardian	or		
Home address				F	Post code	
Email Address				Pho	one Number	
lease state your regula Pleas ection B: FOR SIKHS C eshdhari.	e kindly go to your	regular plac				i or child is
Confirmation to be man Please circle Yes or No to all to a Yes / No I confirm that Yes / No I confirm that	hree statements and fill in the child and parent/	all the details) guardian name	d above are kn	own to me.	Pahul during the	e Amrit Sanchar
initiation at the Gurdv Gurdwara/Jatha/Dharmic e Yes / No I confirm that Sanchar initiation held o Yes / No I confirm that	vara held on (date) vent). the parent/guardian in (date)at	named above v	vas initiated as	a Khalsa with (Name of orga	Khanda-di-Pahu	(Name of organising
ame		Signature			Officia	l stamp of Gurudwar
osition		Name of Gurudwara				
ddress		Post code		Tel		
ction C: FOR NON-SI			the applicant/	parent/guar	<u>Date:</u> dian of anoth	er religion is/are
Confirmation to be ma Please circle Yes or No to both			of an appropri	iate place of	worship or r	eligious body.
es / No I confirm that thes / No I confirm that the ith (or formally initiated) hurch/place of worship/ropies of baptism certification.	ne applicant (and/or pa into the (name of rel eligious event)	arent or guardi ligion/faith)	ian) named abo	ve was/were a		at (name of
lame	tes of similar evidence	Signature	iii addicio	<u>nii</u> to iuliy con		stamp of place of worship
i i		Place of worship				
osition						
osition		Post code		Tel	Date:	
	s by parent or guar			I el	Date:	

Signed

Date

Name

Relationship to child