

Supplementary Information Form for Reception Year Admission in Sept 2024

To be completed for all applicants applying for a faith-based place. Must be returned to the school by 15th January 2024. 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 2023. Please ensure all statements are circled correctly and all sections are filled in otherwise the SIF maybe rejected. Any issues please email admissions.npsb@nishkamschools.org

Section A	\: A bout you	and your child					
Full nai	me of child						
Date of bir	th (DD/MM/YYYY)			Name of pare	ent or		
Home	e address					Post code	ž
Email	l Address					Phone Num	ber
	: FOR SIKHS	ilar place of wors ONLY Confirma		Sikh child/p	parent/g	guardian is/	are Amritdhari or child
(Please circle 1. Yes / No 2. Yes / No initiation Gurdwara 3. Yes / No Sanchar	e Yes or No to all the ol confirm that ol confirm that at the Gurdw a/Jatha/Dharmic ev ol confirm that initiation held on	rent). the parent/guardian n n (date)at	all the details) guardian name re was initiated	ed above are kn d as a Khalsa wi 	iown to nith Khand a Khalsa (Name of	la-di-Pahul dur	ring the Amrit Sanchar (Name of organising di-Pahul during the Amrit rdwara/Jatha/Dharmic event).
	o I confirm that	the child named abov	re is Keshadhar Signature	ri (has uncut hai	ir).		Official stamp of Gurudwara
Name Position			Name of Gurudwara				
Address			Post code		Tel		
		SIKHS ONLY Co (or formally initi				parent/gua	Date:
Confirma	tion to be mad		d signatory o			e of worshi	p or religious body.
Yes / No I Yes / No I faith (or fo Church/pla	I confirm that the I confirm that the ormally initiated) ace of worship/re	e child and parent/gua e applicant (and/or pa into the (name of reli eligious event)	ardian named a rent or guard gion/faith)	ian) named abo	ove was/w on (date	vere are bapti e)e)	••••
Name			e may be submitted <u>in addition</u> to fully completing Signature			/ completing t	Official stamp of place of worship
Position			Place of worship				
Address			Post code		Tel		Date:
Section D	: Confirmation	ons by parent or g	guardian.				
Please sig 1. I confir 2. I under	gn below to cor rm that the infor rstand that any in	nfirm that the follo	wing statem orm is accurate ng or frauduler	e and true. nt information p		about me or 1	my child may result in the

Signed

Date

Name

Relationship to child