

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.npsw@nishkamschools.org and add the Year group and "Supplementary Information Form" to the subject box by 15th January 2024. Please ensure all statements are circled correctly and all sections are filled in otherwise the SIF maybe rejected. Any issues please email admissions.npsw@nishkamschools.org

Section A: About you and your child

Relationship to child

Full nar	ne of child						
Date of bir	th (DD/MM/YYYY)			Name of pare guardian	ent or		
Home	e address				Post o	ode	
Email	Address				Phone N	umber	
Please state your regular place of worship							
Confirmation to be made by an authorised signatory of a Gurudwara. (Please circle Yes or No to all three statements and fill in all the details)							
 Yes / No I confirm that the child and parent/guardian named above are known to me. 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)							
Name			Signature			Offici	ial stamp of Gurudwara
Position			Name of Gurudwara				
Address			Post code		Tel		
						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)							
Yes / No I confirm that the child and parent/guardian named above are known to me. Yes / No I confirm that the applicant (and/or parent or guardian) named above was/were are baptised and/ or practising their faith (or formally initiated) into the (name of religion/faith)							
Name	aptism certificat	es of similar evidence	Signature	inted in addition	in to fully complet		al stamp of place of worship
Position			Place of worship				
Address			Post code		Tel	Date:	:
Section D: Confirmations by parent or guardian.							
Please sign below to confirm that the following statements are true. 1. I confirm that the information given in this form is accurate and true. 2. 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.							

Signed

Date