

Supplementary Information Form for Reception Year Admission in Sept 2025

To be completed for all applicants applying for a faith-based place. Must be returned to the school by 15th January 2025. Please go to your place of worship and complete the information below. Once completed and stamped, please send via email to <u>admissions.npsw@nishkamschools.org</u> and add the Year group and "Supplementary Information Form" to the subject box by 15th January 2025. 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

ection A: Abo	out you an	nd your child					
Full name	of child						
Date of birth	(DD/MM/YYYY)		Name of pare	ent or		
Home address			Post co			Post code	
Email Ad	ddress				Ph	none Numl	per
Please st		regular place of w					
Section B: Fois Keshdhari.		<mark>kindly go to your r</mark> S ONLY Confirma					signed. are Amritdhari or child
		ade by an authorised three statements and fill in		of a Gurudwai	·a.		
,		t the child and parent/	,	ed above are kn	own to me.		
initiation at Gurdwara/Jat 3. Yes / No I	the Gurdy tha/Dharmic e confirm that	event). t the parent/guardian r	at named above v	was initiated as	a Khalsa wi	th Khanda-c	(Name of organising
		on (date)at t the child named abov				ganising Gur	dwara/Jatha/Dharmic event).
Name			Signature				Official stamp of Gurudwara
Position			Name of Gurudwara				
Address			Post code		Tel		
							<u>Date:</u>
		SIKHS ONLY Co				rent/guai	rdian of another
Confirmatio (Please circle Yes Yes / No I co Yes / No I co faith (or forma	on to be ma s or No to both onfirm that the onfirm that the	ade by an authorised h statements and fill in all the child and parent/gua	d signatory of the details) ardian named a arent or guard igion/faith)	of an appropriation	vn to me.	e are bapti	sed and/ or practising their
•		ates or similar evidenc			, ,		his form.
Name			Signature				Official stamp of place of worship
Position			Place of worship				
Address			Post code		Tel		<u>Date:</u>
Section D: C	Confirmat	ions by parent or	guardian.				
		onfirm that the follo			·.		
2. I understa	nd that any	ormation given in this for intentionally mispleadir dication and withdrawa	ng or frauduler	nt information p	provided abo	out me or r	my child may result in the
Name					Signed		
Relationship to child					Date		