



**In Year Form - To be completed by the parent(s)/guardian(s) and authorised signatory at the Place of Worship**

**To be completed by the parent(s)/guardian(s):**

Name of the child applying at Nishkam Primary School Wolverhampton	
Name of parents/guardian(s)	
Child's Date of Birth (DD/MM/YYYY)	
Parent/Guardian(s) telephone or mobile number	

**To be completed by the authorised signatory at the place of worship:**

Name of the Authorised Signatory completing this form	
Position of the Authorised Signatory at the Place of Worship	
Name and Full Address of the Place of Worship	
Telephone Number of the Place of Worship/Signatory	

1	I confirm that the child and the parent/guardian(s) named above are known to me. (Tick Yes or No)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2	I confirm that the child named above was baptised and/or practicing his/her religion, or formally initiated into the religion. (Tick Yes or No)  If your answer is Yes please provide the details in the last column.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Religion:  Place of Worship where initiation took place:  Address of the Place of Worship:  Date of initiation:
3	I confirm that the parents/guardian(s) named above was/were baptised and/or practicing his/her/their religion, or formally initiated into the religion. (Tick Yes or No)  If your answer is Yes please provide the details in the last column	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Religion:  Place of Worship where initiation took place:  Address of the Place of Worship:  Date of initiation:
Signature of the Authorised Signatory at the Place of Worship (Please provide full name):				Date:

Please provide the most updated stamp from the place of worship below: