

Supplementary Information Form for Admission in Sept 2024

To be completed for all applicants applying for a faith-based place. Must be returned to the school by 31st October 2023 for Year 7 and 15th January 2024. Please go to your place of worship and complete the information below. Once completed and stamped, please send via email to primaryadmissions.nswl@nishkamschools.org or secondaryadmissions.nswl@nishkamschools.org and add the Year group and "Supplementary Information Form" to the subject box by 31st October 2023 for year 7 or by 15th January 2024 for Reception. Please ensure all statements are circled correctly and all sections are filled in otherwise the SIF maybe rejected. Any issues please email primaryadmissions.nswl@nishkamschools.org

Section	Δ:	About	vou	and '	vour	child

Full name of child						
Date of birth (DD/MM/YYYY)			Name of pare guardian	ent or		
Application for year: (Please tick)	Reception Year				Year 7	
Home address					Post code	5
Email Address					Phone Numl	ber
Please state your regular section B: FOR SIKHS is Keshdhari.	•	•	Sikh child/pa	arent/g	guardian is/	are Amritdhari or child
Gurdwara/Jatha/Dharmic ev 3. Yes / No I confirm that	the child and parent/ the child and parent/ the child named aboverara held on (date) vent). the parent/guardian ratio (date)	all the details) (guardian name ve was initiatedat named above v	ed above are kno d as a Khalsa wi was initiated as a	own to nth Khanda Khalsa (Name of	da-di-Pahul dur	(Name of organising
	the child named abov	Signature	ri (nas uncut nai	r).		Official stamp of Gurudwara
Name Position		Name of Gurudwara				
Address		Post code		Tel		
						Date:
Section C: FOR NON- religion is/are baptised					/parent/gua	ırdian of another
Confirmation to be many (Please circle Yes or No to both Yes / No I confirm that th Yes / No I confirm that th faith (or formally initiated) Church/place of worship/re	statements and fill in all the child and parent/guage applicant (and/or painto the (name of releligious event)	the details) ardian named arent or guard ligion/faith)	above are know ian) named abo	vn to me. ve was/w 	vere are bapti: 	ised and/or practising their at (name of
Copies of baptism certifica	tes or similar evidenc		nitted <u>in additio</u>	n to fully		this form. Official stamp of place of worship
Name		Signature				Official stamp of place of worship
Position		Place of worship				
Address		Post code		Tel		Data

Section D: Confirmations by parent or guardian.

Please sign below to confirm that the following statements are true.					
 I confirm that the information given in this form is accurate and true. 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. 					
Name	Signed				
Relationship to child	Date				