

## Supplementary Information Form for Admission in Year 2023 2024

To be completed for all applicants applying for a faith-based place. 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. 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 or secondaryadmissions.nswl@nishkamschools.org

nail <u>primaryadn</u>	nissions.ns	wl@nishk	amschools.org	or secondarya	dmissions.nsw	l@nishkams	chools.org	,
Section A: Al	oout you	and you	r child					
Full nam	e of child							
Date of birth (DD/MM/YYYY)					Name of par	ent or		
Please state	•				<u> </u>			
group you ar	e applying	g for						
Home address							Post code	e
Email Address						Pł	none Num	ber
	OR SIK	•	olace of wor	•	Sikh child/	parent/gu	ardian is/	are Amritdhari or child
(Please circle Yell. Yes / No I	es or No to d confirm t confirm t	all three star hat the ch hat the ch		all the details) /guardian name ve was initiated	ed above are k d as a Khalsa v	nown to me	di-Pahul dur	ring the Amrit Sanchar
Gurdwara/Ja <b>3. Yes / No</b> I Sanchar init	tha/Dharmi confirm t iation held	ic event). hat the pa d on (date)	arent/guardian	named above v	vas initiated as	s a Khalsa wi (Name of o	ith Khanda-	(Name of organising di-Pahul during the Amrit rdwara/Jatha/Dharmic event).
1. 10371101	COMMITTE	riac circ ci	ind harried abo		7 (Has direct ii	un ).		Official stamp of Gurudwara
Name				Signature				
Position				Name of Gurudwara		1		
Address				Post code		Tel		
							arent/gua	<u>Date:</u> ardian of another
religion is/aı				-				
			an authorise ents and fill in all		of an approp	riate place	of worshi	p or religious body.
Yes / No I co	onfirm that ally initiate	t the appl ed) into tl	I and parent/guicant (and/or pine (name of relies event)	arent or guard ligion/faith)	ian) named ab	ove was/wer		ised and/or practising their at (name of
Copies of bap	tism certi	ficates or	similar evidend	ce may be subr	nitted <u>in addit</u>	ion to fully c	ompleting	this form.
Name				Signature				Official stamp of place of worship
Position				Place of worship		<b>.</b>		
Address				Post code		Tel		<u>Date:</u>
Section D: 0	Confirm	ations b	y parent or	guardian.				
Please sign	below to	confirm	that the follo	owing statem	nents are tru	e.		
2. I understa	and that ar	ny intentio	n given in this fonally mispleadi and withdrawa	ng or frauduler	nt information	provided ab	out me or	my child may result in the
Name					Signed			
Relationship t	o child					Date		