



Office use only

### SUPPLEMENTARY INFORMATION FORM (SIF)

DOB Cert: [ ]	Date of Admission:	Date Application Received
2ID's: [ ]	N / R / In-Yr ___ Acad. Year:	
Entered SIMS: [ ]	Criteria: LAC [ ] Staff [ ] OF [ ] FPS [ ] SIB [ ]	
Ranked SAM: [ ]	Copy given [ ] Distance:	

Please complete the form below in capital letters and return to the school office with **original documents of your child's birth certificate to confirm their date of birth and also 2 proofs of address (one must be - Council Tax/Tenancy Agreement/income support, child tax benefit, Inland Revenue, Driving License (card with counterpart) and another a bill/bank statement within the last 3 months) with parent's name, to confirm your address.**

### CHILD INFORMATION

Forename:	Middle Name:	Surname:
Date of Birth:	Gender (delete as appropriate): Male / Female	
Home Address		
Postcode		

### PARENT/CARER INFORMATION

<u>Mother/Guardian</u> (tick one box)		<u>Father/Guardian</u> (tick one box)	
Title: Miss [ ] Mrs [ ] Ms [ ] Dr [ ] Other [ ] _____		Title: Mr [ ] Dr [ ] Other [ ] _____	
Forename:		Forename:	
Surname:		Surname:	
Date of Birth		Date of Birth	
National Insurance Number		National Insurance Number	
Address (if different from above)		Address (if different from above)	
Home Tel:		Home Tel:	
Mobile Tel:		Mobile Tel:	
Email Address:		Email Address:	
Do you have Parental Responsibility? Yes / No		Do you have Parental Responsibility? Yes / No	
First Language:		First Language:	

### SIBLING INFORMATION

I / We have other children present at Khalsa Primary School (please specify name(s) and class(s))		
Brothers / Sisters Name(s)	Date of Birth	Year group

## ESSENTIAL CONTACTS

Please give the name and contact details of a relative(s)/neighbour(s)/friend(s) who can be contacted, authorised and left with in an emergency.

Forename	Surname	Contact Type (e.g. Child minder, Friend, Neighbour etc.)	Phone Number(s) Please indicate if Home = H Mobile = M Work = W	Authorised to collect child from school (please tick)

## MEDICAL INFORMATION

Do you agree to Medical or Hospital Treatment in an emergency without you being present? YES / NO		
Medical Practice Name (Doctor's Surgery)	Address	Phone Number
Medical Condition(s) e.g. Asthma	Allergies	
	(Please note that eggs, meat and fish are not allowed the school premises).	

## INFORMATION ON DISABILITY

The Disability Discrimination Act 2005 defines a disabled person as someone who has 'a physical or mental impairment which has a substantial or long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Has your child a disability? YES [ ] NO [ ]

\_\_ If so, please give details: \_\_\_\_\_

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Does either parent have a disability? YES [ ] NO [ ]

If so, please give details: \_\_\_\_\_

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*(This information will help us to meet your needs).*

## SCHOOL HISTORY

Previous School / Nursery	
Date left Previous School / Nursery	

Does your child have Special Educational Needs (SEN)? YES [ ] NO [ ]

If 'Yes' please give details \_\_\_\_\_

*together we shine*

## ETHNICITY / CULTURAL

<b>Ethnicity (please select from list):</b>	<b>WHITE</b>	British		
		Irish		
		Traveller of Irish Heritage		
		White Eastern European		
		White Western European		
		White other		
	<b>BLACK OR BLACK BRITISH</b>	Caribbean		
		Nigerian		
		Somali		
		Other Black African		
		Any Other Black Background		
	<b>MIXED/DUAL BACKGROUND</b>	African Asian		
		White and Black Caribbean		
		White and Black African		
		White and Asian		
		Any Other Mixed Background		
	<b>ASIAN OR ASIAN BRITISH</b>	Indian		
		Pakistani		
		Bangladeshi		
		Any Other Asian Background		
	<b>ANY OTHER ETHNIC GROUP</b>	Afghan		
		Latin/South/Central American		
		Any Other Ethnic Group		
	<b>REFUSED</b>	I do not want ethnicity recorded		
	<b>Home Language:</b>			
	<b>First Language:</b>			
<b>Country of Birth:</b>	<b>Nationality:</b>			
<b>Religion</b>				
<b>Asylum/Refugee Status</b>	<b>None / Asylum Seeker / Refugee Status</b>			

### ENTITLEMENT TO FREE SCHOOL MEALS

This only applies if you are claiming income support benefit and an application, which can be obtained from your Local Authority, will need to be completed.

### ADDITIONAL INFORMATION

<b>How does the child travel to school?</b>						
Bicycle [ ]	Car [ ]	Car Share with another child [ ]	Bus [ ]	Taxi [ ]	Train [ ]	Walk [ ]

<p>I/We confirm that the information provided is true and correct and I/we shall notify the school promptly of any changes. I understand that if a place is obtained on the basis of incorrect or inaccurate information, the offer may be withdrawn.</p>		
Signed _____	Parent/Carer	Date _____
Signed _____	Parent/Carer	Date _____

## Religious affiliation

I / We attend (please give below the name and address of your Gurdwara, Church or other place of worship):

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I / We attend this place of worship: (delete as appropriate)

Daily [ ] weekly [ ] fortnightly [ ] monthly [ ] Festivals only [ ]

**This Section to be completed by the Minister of religious leader (Granthi, Priest, Vicar, Mullah, Pandit etc.) of the applicant:**

I can confirm by signing this document the assessment made by the applicant(s) is correct.	
Religious organisation	Telephone Number
Name	Position held
Signed	Date
Place of Worship Stamp	