Khalsa
VA Primary School
Promoters: Gurdwara Sri Guru Singh Sabha Southall Headteacher: Ms P.K.Sehmi

Norwood Green Road | Tel: 0208 574 9045
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# SUPPLEMENTARY INFORMATION FORM

*Office use only*

| | | | |
|---|---|---|---|
| *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**<br><br>**Postcode** | | **NHS Number:** |

## PARENT/CARER INFORMATION

| **Mother/Guardian** *(tick one box)*<br>**Title:** Miss [ ] Mrs [ ] Ms [ ] Dr [ ] Other [ ]____ | | **Father/Guardian** *(tick one box)*<br>**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 |
|---|---|
| | |

## 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'.

**Does your child have a disability? YES [ ] NO [ ]**

**If so, please give details:**_____

_____

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

**If so, please give details:**_____

_____

*(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** _____

## ETHNICITY / CULTURAL

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

## 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

**How does the child travel to school?**

**Bicycle [ ] Car [ ] Car Share with another child [ ] Bus [ ] Taxi [ ] Train [ ] Walk [ ]**

**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.

**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)*:

_____

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

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

**<u>This Section to be completed by the Minster of religious leader (Granthi, Priest, Vicar, Mullah, Pandit etc.) of the applicant:</u>**

| **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** |
|---|
| |