

AL-NOOR PRIMARY SCHOOL (VA) IN YEAR ADMISSIONS SUPPLEMENTARY INFORMATION FORM (SIF) for 2020

Applicants wishing to be considered under the faith-based 30 Muslim places at the school should return this form to the school.

In order to be valid, the form must be signed by a **parent/carer** and by the **Imam**. It is the responsibility of a **parent/carer** to arrange for this to be done and for the form to be returned on time.

Please see our Admissions Policy for further information about how applications will be considered and ranked.

Any incomplete or inaccurate form will not be considered.

Section 1, Details of Child and Parents

Child's First Name(s):		Parent's First Name(s):	
Child's Surname:		Parent's Surname:	
Child's Date of Birth:		Main Contact Number:	
Child's Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address:	
Child's Home Address (as defined in the policy):		Parent's Address (if different to Child's Home Address):	
Post Code:		Post Code:	
Date moved to this address		Relationship to child	

Section 2, Religious Practice

This section is to be completed by the **Imam*** in the presence of the **parent/carer** and the child.

Name of Imam:	
Name of Mosque and address:	
Name of child referred to below:	
Contact Telephone number of Imam:	

* Only official Imams employed by the Mosque as an Imam are authorised to sign this form. Signatures of any other mosque staff and unofficial Imams will not be accepted.

Question 1 to be completed by the **Parent/Carer** and question 2 to be completed by the **Imam**.

Question 1: As the parent/carer of the child named above, I confirm that: “There is no God worthy of Worship but Allah, that Muhammad (peace be upon him) is God’s last Messenger and who believes in His Books, Messengers, in the Day of Judgment, who establishes 5 prayers, pays alms to the poor, fasts and who dedicates his worship exclusively to God”.	(please tick as appropriate)	Yes	No	
Question 2: As the Imam of the mosque named above, I confirm to the best of my knowledge that the child named above is brought up in accordance with the Muslim Faith detailed above in question 1.	(please tick as appropriate)	Yes	No	

DECLARATION (by the Imam): I confirm that the information given in this form is true and accurate:	
Signature:	
Name:	
Date:	

Section 3 – For applications under category 3 (children of members of staff)

Do you wish to apply for priority under category 3 (children of members of staff)	(please tick as appropriate)	Yes		No	
Is one of the child’s parents employed by Al-Noor VA Primary School?	(please tick as appropriate)	Yes		No	
If yes, please confirm the name of the parent who is employed by Al-Noor VA Primary School:	Please write name below				

Section 4 - For applications under category 3 (children of siblings attending Al-Noor VA Primary School)

Do you wish to apply for priority under category 3 (children of siblings)	(please tick as appropriate)	Yes		No	
--	------------------------------	------------	--	-----------	--

If yes, please confirm the name and d.o.b of the sibling attending Al-Noor VA Primary School:	
--	--

DECLARATION (by the parent):	
<ul style="list-style-type: none"> • I am the parent/carer of the child named above; • I authorise the School to carry out any verification checks in support of the information provided by me, where necessary; • The information provided in this form is true and accurate to the best of my knowledge and belief; • I understand that, if I have provided any information which is false or which I do not believe to be true, this will be reported to the Local Authority for investigation and any place achieved for my child may be withdrawn. 	
Signature:	
Date:	
Print name:	

IN YEAR SIF 2020

The completed Supplementary Information Form should be returned in an envelope marked 'SUPPLEMENTARY INFORMATION FORM' to:

The Admissions Officer,
Al-Noor Primary School,
619-629 Green Lane,
Goodmayes, Ilford,
Essex, IG3 9RP.

Or email with the subject header 'SUPPLEMENTARY INFORMATION FORM' to

va.admissions@al-noorprimary.org.uk