AL-NOOR PRIMARY SCHOOL (VA) ADMISSIONS SUPPLEMENTARY INFORMATION FORM (SIF)

Applicants wishing to be considered under the faith-based 30 Muslim places at the school should return this form to the school on or before **15**th **January 2024** after you have completed your CAF online.

If this form is received after **15**th **January 2024**, the application will not be considered under the faith-based 30 Muslim places.

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				Parent's First	
Name(s):				Name(s):	
Child's Surname:				Parent's Surname:	
Child's Date of				Main Contact	
Birth:				Number:	
Child's Gender:	Male	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				Relationship to	
this address				child	

Section 2, Religious Practice

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

Full name of child referred to						
Name of Mosque and address:						
Contact telephone number of the Mosque:						
Name of Imam:						
Contact telephone number of Imam						
Another named contact of Mosque						
Additional contact number						
* Only official Imams employed by the Mo Signatures of any other mosque staff and Question 1 to be completed by the Parent/	unoff	icial Imams will	not be accep	ted.		
Question 1:			(please tick	Yes	No	
As the parent/carer of the child named above,	I conf	irm that:	as appropriate)			
"There is no God worthy of Worship but Allah, (peace be upon him) is God's last Messenger and His Books, Messengers, in the Day of Judgme prayers, pays alms to the poor, fasts and who exclusively to God".	er and who believes in ment, who establishes 5					
Question 2:			(please tick	Yes	No	t
my knowledge that the child named above is b	of the mosque named above, I confirm to the best of ge that the child named above is brought up in with the Muslim Faith detailed above in question 1.					
DECLARATION (by the Imam):						
I confirm that the information given in this form	m is tr	ue and accurate:				
Signature:						
Name:						
Date:						

Print name:

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

Do you wish to apply for pri category 3 (children of mem		(please tick as appropriate)	Yes No				
Is one of the child's parents Noor VA Primary School?	employed by Al-	(please tick as appropriate)	Yes No				
If yes, please confirm the na who is employed by Al-Noo School:	=	lease write name below					
Section 4 - For applications under category 3 (children of siblings attending Al-Noor VAPrimary School) Do you wish to apply for priority under category 3 (please tick as appropriate) Yes No (children of siblings)							
If yes, please confirm the name a sibling attending Al-Noor VA Pri							
DECLARATION (by the pare	nt):						
I am the parent/carer of the chi I authorise the School to carry me, where necessary;	out any verification						
 The information provided in thi I understand that, if I have provided true, this will be reported to the child may be withdrawn. 	vided any informatio	n which is false or which I do	not believe to be				
Signature:							
Date:							

The completed Supplementary Information Form should be returned by 15th January 2024 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