

AL-NOOR PRIMARY SCHOOL (VA) ADMISSIONS SUPPLEMENTARY INFORMATION FORM (SIF) RECEPTION CLASS 2026

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 **15th January 2026** after you have completed your CAF online.

If this form is received after **15th January 2026**, 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 Name(s): | | Parent's First Name(s): | |
| Child's Surname: | | Parent's Surname: | |
| Child's Date of Birth: | | Main Contact Number: | |
| Child's Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | 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.

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|--|--|
| Name of Imam: | |
| Name of Mosque and address: | |
| Name of child referred to below: | |
| Contact Telephone number of Imam: | |
| Name of contact at Mosque: | |
| Contact Telephone number of the Mosque: | |

* 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 2 (children of members of staff)

| | | | | | |
|--|---|------------|--|-----------|--|
| Do you wish to apply for priority under category 2a or 2b (children of members of staff) | (please tick as appropriate indicating the sub category 2a or 2b) | Yes | | No | |
| Is one of the child’s parents employed by AI-Noor VA Primary School? | (please tick as appropriate) | Yes | | No | |
| If yes, please confirm the name of the parent who is employed by AI-Noor VA Primary School: | Please write name below | | | | |

Section 4 - For applications under category 3 (children of siblings attending AI-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 AI-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: | |

SIF 2026

The completed Supplementary Information Form should be returned by 15th January 2026 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