

Supplementary Information Form (SIF)

Applications submitted on the basis of Hindu faith should be accompanied by this Supplementary Information Form. This form is to be completed by both the parent/guardian and the recognized temple representative, acting as referee.

Sibility A	pplication	Yes / No	If yes please specify Sibling Name	and Year					
Please tick one:									
This is to support an application for a Nursery place									
T	This is to support an application for a Reception place								
	This is to support an application for an In year application for Year								
Section 1 (To be completed by the parent/guardian)									
Name of child: Date of Birth of child:									
Address of the child (including postcode):									
Email:									
I parent/quardian									
Relationship to Child:									
	•								
0.5									
Section	2 (To be c	ompleted by a	a local temple)						
	_	ompleted by a							
Please tid	ck the box b	elow as approp		the Temple i.e. they follow all the key					
Please tid	ck the box b	elow as approp	oriate: he family are practising Hindus and regularly attend	the Temple i.e. they follow all the key					
Please tid	ck the box b m confident nets of the fa	elow as approp ly aware that the	oriate: he family are practising Hindus and regularly attend	the Temple i.e. they follow all the key					
Please tid I a ter Section	ck the box b m confident nets of the fa	elow as approp ly aware that the	oriate: the family are practising Hindus and regularly attended by our Temple a local temple)	the Temple i.e. they follow all the key					
I a ter Section I certify t	ck the box b m confident nets of the fa 3 (To be contact that the about	elow as approperly aware that the aith as practised ompleted by a love information	oriate: the family are practising Hindus and regularly attended by our Temple a local temple)						
I a ter Section I certify t *Full name	ck the box both m confident nets of the farmage	elow as approperly aware that the state of t	oriate: he family are practising Hindus and regularly attend d by our Temple a local temple) is correct.						
I a ter Section I certify t *Full nam Name an	ck the box b m confident nets of the fa 3 (To be conthat the abounder	elow as approper and the second secon	priate: he family are practising Hindus and regularly attend d by our Temple a local temple) is correct. Position:						
I a ter Section I certify t *Full nam Name an	ck the box be meter of the farmat the aboundaries of address on number:	elow as appropriate aware that the aith as practised ompleted by a live information of temple:	priate: he family are practising Hindus and regularly attend d by our Temple a local temple) is correct. Position:						
I a ter Section I certify terill name and Contact remail:	ck the box both mets of the farmat the about the address of the farmat the about the address of	elow as approperly aware that the aith as practised ompleted by a ve information of temple:	priate: the family are practising Hindus and regularly attended by our Temple a local temple) is correct. Position:						
Full name and Contact remail:	ck the box both mets of the farmat the about the address of the farmat the about the address of	elow as appropriately aware that the aith as practised ompleted by a ve information of temple:	priate: he family are practising Hindus and regularly attend d by our Temple a local temple) is correct. Position:						

Please return the completed form to: Admissions, Krishna Avanti School, Camrose Avenue, Edgware, HA8 6ES



Bhaktivedanta Manor Form (BMF)

Applications submitted on the basis of Criteria 3 of the School's Admissions Policy should submit this form along with a completed Supplementary Information Form. Applications that do not result in a place under Criteria 3 will automatically be considered in accordance with the oversubscription criteria.

Sibling	Application	Yes / No	If yes please specify Sibling Name ar	nd Year				
Please	tick one:							
	This is to support an application for a Nursery place							
	This is to support an application for a Reception place							
	This is to support an application for an In year application for Year							
Section 1 (To be completed by the parent/guardian)								
Name of child:								
	s of the child (inc		nde):					
Contac	t number (s):							
Email:								
I parent/guardianconfirm the above information is correct.								
Relatio	nship to Child:							
Signatu	ıre:							
Sectio	n 2 (To be com	pleted by B	haktivedanta Manor) Please tick only one box as appropriate:					
a)	Families who congregation		n initiation (diksha) within ISKCON and are regularly attending	Sanga (registered				
b)	Families who	are registered	d applicants for initiation within ISKCON and are regularly attending Sa	anga				
c)	Families who	have taken in	itiation within ISKCON or who have graduated from an ISKCON guruk	ula				
d)	Families who	worship at lea	ast monthly at Bhaktivedanta Manor temple					
Section	n 3 (To be com	nleted by Ri	haktivedanta Manor)					
I certify that the applicant qualifies for the category as ticked above. *Full name:								
		•						
			Signature:					
	temple stamp:		-					
	*N.B. School may check with temple priest if not registered as an authorised signatory with the school.							

Please return the completed form to: Admissions, Krishna Avanti School, Camrose Avenue, Edgware, HA8 6ES