



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.

Sibling Application Yes / No If yes please specify Sibling Name and 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:..... Date of Birth of child:

Address of the child (including postcode):
.....
.....

Contact number (s):

Email:

I parent/guardian.....confirm the above information is correct.

Relationship to Child:.....

Signature:

Section 2 (To be completed by a local temple)

Please tick the box below as appropriate:

- I am confidently aware that the family are practising Hindus and regularly attend the Temple i.e. they follow all the key tenets of the faith as practised by our Temple

Section 3 (To be completed by a local temple)

I certify that the above information is correct.

*Full name:.....Position:

Name and address of temple:

Contact number:

Email:

Date: Signature:

Official 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



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 and 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:..... Date of Birth of child:

Address of the child (including postcode):
.....
.....

Contact number (s):

Email:

I parent/guardian.....confirm the above information is correct.

Relationship to Child:.....

Signature:

Section 2 (To be completed by Bhaktivedanta Manor) Please tick only one box as appropriate:

- a) Families who have taken initiation (diksha) within ISKCON and are regularly attending Sanga (registered congregation programmes)
- b) Families who are registered applicants for initiation within ISKCON and are regularly attending Sanga
- c) Families who have taken initiation within ISKCON or who have graduated from an ISKCON gurukula
- d) Families who worship at least monthly at Bhaktivedanta Manor temple

Section 3 (To be completed by Bhaktivedanta Manor)

I certify that the applicant qualifies for the category as ticked above.

*Full name:.....Position:

Name and address of temple:

Contact number:

Email:

Date: Signature:

Official 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