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## **Orchard VA School Supplementary Information Form (SIF)**

Applicants must complete both this form and the local authority form where you live if your application is to be considered as Muslim faith based. Those without the SIF will be given a lower priority than those that complete both forms.

## Please contact the local authority you live in for further information

Lambeth Children Services can be contacted on 020 7926 9503 or visit Lambeth's website, <a href="http://lambeth.gov.uk/schools-and-education/school-admissions">http://lambeth.gov.uk/schools-and-education/school-admissions</a> for further information

Please complete this form if you are applying for a Muslim faith place

| SECTION 1  |           |                         |              |  |          |                 |  |
|--|-----------|-------------------------|--------------|--|----------|-----------------|--|
|  |           | PARTICUL                |              |  |          |                 |  |
| Child's Legal  |           |                         | Child's      | First  |          |                 |  |
| Surname:   |           | Name:                   |              |  |          |                 |  |
| D.O.B:   |           |                         | Child's      |  | M/F (    | Please circle)  |  |
|  |           |                         | Gender       | :  |          |                 |  |
| Address:   |           |                         |              |  |          |                 |  |
| Postcode:  |           |                         | Boroug       | Borough                                      |          |                 |  |
|  |           |                         | Council      | Council:                                     |          |                 |  |
| SECTION 2  |           |                         |              |  |          |                 |  |
|  |           | PARTICULAR OF PA        | ARENTS /     |  |          |                 |  |
| Fathers/Carers Name:   |           |                         | Cont         |  | act      |                 |  |
|  |           |                         | No:          |  |          |                 |  |
| Mothers/Carers   |           | Conta                   |              | act  |          |                 |  |
|  |           |                         | No:          |  |          |                 |  |
| SECTION 3  |           |                         | SEC          | TION 4                                       |          |                 |  |
| Do you believe in the Oneness of Allah   |           |                         |              | Please provide the name and locality of your |          |                 |  |
|  |           | prophet Muhammad        | local Mosque |  |          |                 |  |
|  |           | nd final messenger      |              |  |          |                 |  |
|  |           | the belief and practice |              |  |          |                 |  |
| of the Ahlus   | -Sunna-\  | wal-Jama-at             |              |  |          |                 |  |
| Father: Yes / No (please circle)   |           |                         | Posto        | Postcode:                                    |          |                 |  |
| Patrier. 1657 NO (piease circle)   |           |                         |              |  |          |                 |  |
| Mother: Yes / No (please circle)   |           |                         |              |  |          |                 |  |
| SECTION 5  |           |                         |              |  |          |                 |  |
|  | ne inform | nation provided is corr | oct and a    | ccurat                                       | o and Lu | Inderstand that |  |
| I declare that the information provided is correct and accurate and I understand that providing misleading or false information could result in any subsequent offer being |           |                         |              |  |          |                 |  |
| withdrawn at Orchard Primary School.   |           |                         |              |  |          |                 |  |
|  |           | ,                       |              |  |          |                 |  |
| Please sign and date the form  |           |                         |              |  |          |                 |  |
| Signature of Pa  | rent /    |                         |              |  | Date:    |                 |  |
| Guardian:  |           |                         |              |  |          |                 |  |
| Relationship to Child:   |           |                         |              |  |          |                 |  |
|  |           |                         |              |  |          |                 |  |