



Iqra Primary School RECEPTION Supplementary Information Form (SIF)

Parents/Guardians must complete both this form and the local authority form where you live. 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.

Please complete this form, and return to the School Office with Child's Birth Certificate and Proof of Address (Council Tax Bill/ Tenancy Agreement/Child Benefit letter, dated within last 3 months).

PART 1: CHILD'S DETAILS			
First Name		Legal Surname	
Date of Birth		Gender (<i>Please Circle</i>)	Male Female
Home address			
Post Code		Borough/Council	
PART 2: PARENT / GUARDIAN DETAILS			
Father/Carer's Full Name		Mobile Number	
Mother/Carer's Full Name		Mobile Number	
PART 3: MOSQUE DETAILS			
Please provide the name and locality of your local Mosque			
Name of Mosque		Name of Imam	
Address		Post Code	
PART 4: DECLARATION			
<i>(Please tick the statement below):</i>			
<input type="checkbox"/>	I confirm that the information that I have given in this form is true and accurate to the best of my knowledge, and that my application will be disqualified if I have knowingly given false information.		
Signed		Date	
Full Name of Parent/Carer			
OFFICE USE ONLY			
Date Received		Original Birth Certificate seen	
Proof of Address provided		Form Received By	
		Form Processed By	
Comments			