

## Supplementary Information Form 2016-2017 for applicants joining between 1 September 2016 and 31 August 2017

You must complete the Common Application Form (the "CAF") provided by your Local Authority. If you do not, your child will not be considered for a place.

This form (the "SIF") is needed if you wish to be considered as a priority applicant. The information enables us to apply our over-subscription criteria correctly. In the absence of the SIF, children will be considered as non-priority applicants.

This form should be completed in black ink and IN BLOCK CAPITALS and then returned to the Admissions Officer by **1.00pm on 23 October 2015**.

Please refer to the Admissions Policy and Procedures 2016-17 document when completing this form.

Surname of Child: ..... First Name: ..... Date of Birth: .....

### 1. Is the child applying as a Jewish Child (as detailed in the Admissions Policy and Procedures 2016 - 17)?

**Yes:** please complete Sections A-C below as appropriate.

**No:** please skip to Question 2 overleaf.

#### Section A. Have you or your child attended at least four synagogue services in the six months prior to this application? Yes/No

If **Yes:** please either have the declaration below signed **or** attach documentary evidence to confirm such attendance. Then **go to Question 2 below**. You do not need to complete Section B and C below.

If **No:** you must satisfy BOTH Sections B and C below.

**Rabbi, lay leader or authorised synagogue representative declaration:** I confirm that to the best of my knowledge the information in Section A is correct.

Signed: ..... Date: .....

Name of Signatory: ..... Synagogue: .....

Address: .....

..... Postcode: .....

#### Section B. Has your child been engaged in formal Jewish education (either provided at a synagogue, Jewish school, Cheder/Hebrew school (or equivalent) or by a tutor)? Yes/No

If **Yes:** please either have the declaration below signed **or** attach documentary evidence to confirm such engagement.

**Rabbi, tutor or authorised school/synagogue representative declaration:** I confirm that to the best of my knowledge the information in Section B is correct.

Signed: ..... Date: .....

Name: ..... Position: .....

Organisation/Provider: .....

Address: .....

..... Postcode: .....

#### Section C. Have you or your child been involved in a volunteer capacity in any Jewish communal, charitable or welfare activity (with no financial value or practical benefit to JCoSS or any associated body) in the last two years? Yes/No

If **Yes:** please specify name of organisation and have the declaration below signed.

**Jewish Communal/Charitable/Welfare activity Declaration:** I confirm that to the best of my knowledge the information in Section C is correct.

Signed: ..... Date: .....

Name: ..... Position: .....

Organisation: .....

Address: .....

..... Postcode: .....

2. Name of any sibling/s currently enrolled at JCoSS:..... Year Group: .....

Name of any sibling/s previously enrolled at JCoSS: ..... Date left JCoSS .....

### 3. Does your child currently attend one of the following schools? (please tick)

Akiva

Clore Shalom

Clore Tikva

**4. Is your child applying as an "Other-faith Child" (as detailed in the Admissions Policy and Procedures 2016 - 17 document)?**

**Yes/No** If 'Yes', please complete Section D below:

<p><b>Section D. Have you or your child attended at least four religious services in the six months prior to this application?</b> <b>Yes/No</b></p> <p><b>If Yes:</b> please either have the declaration below signed <u>or</u> attach documentary evidence to confirm such attendance.</p> <p><b>Religious Leader or authorised representative declaration:</b> I confirm that to the best of my knowledge the information in Section D is correct.</p> <p>Signed: ..... Date: .....</p> <p>Name of Signatory: ..... Place of Worship.....</p> <p>Address: .....</p> <p>..... Postcode: .....</p>
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**Have you submitted and returned the CAF to your child's school or to your Local Authority?** **Yes/No**

Please ensure that you have included relevant documentation (photocopies are acceptable other than for Section 1A overleaf) including:

- **Proof of residence.** Please send us a recent utility bill (not more than 6 months old) or your most recent Council Tax bill with your name and address. Please inform us when returning the application if the permanent home of the child (as set out on the school's Admissions Policy) is not the address detailed on the proof of residence.
- **Any other evidence to support the application as detailed above.**

Please return this form, together with the evidence, by **1.00pm on 23 October 2015 to:**

**Admissions Officer, JCoSS, Castlewood Road, New Barnet, EN4 9GE**

If you would like receipt of your SIF to be acknowledged then please enclose a stamped self addressed envelope.

<p><b>Declaration:</b></p> <p>I wish my child to be considered for a place as a student at JCoSS and declare that the above information is true and correct in every detail. I understand that if a place is obtained on the basis of incorrect or inaccurate information, the offer may be withdrawn.</p> <p>Signature: ..... Name: ..... Date: .....</p> <p>(BLOCK CAPITALS)</p> <p>Mobile No: ..... Home No: ..... Email: .....</p> <p>(Please write clearly)</p>
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For office use only:	Date received .....	Follow-up date .....	Date completed .....			
A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	2 <sup>nd</sup> <input type="checkbox"/>	3 <sup>rd</sup> <input type="checkbox"/>	Other <input type="checkbox"/>	Utility <input type="checkbox"/>
L/A <input type="checkbox"/>	Sibling <input type="checkbox"/>	Feeder School <input type="checkbox"/>	Complete <input type="checkbox"/>			
Additional information included with application.....						
.....						