

## Supplementary Information Form 2018-2019 for applicants joining between 1 September 2018 and 31 August 2019

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 BLOCK CAPITALS and then returned to the Admissions Officer by **1.00pm on 31 October 2017**.

Please refer to the Admissions Policy and Procedures 2018-19 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 2018 - 19)?

**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) on at least 3 occasions 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 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) on at least 3 occasions in the six months prior to this application? 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. **Is your child a looked-after, or previously looked after child? Yes/No**  
If 'Yes', please enclose supporting evidence from the professional dealing with your case.
3. **Name of any sibling/s currently enrolled at JCoSS:..... Year Group: .....**  
**Name of any sibling/s previously enrolled at JCoSS: ..... Date left JCoSS .....**
4. **Does your child currently attend one of the following schools? (please tick)**  
Akiva  Clore Shalom  Clore Tikva
5. **Is either parent a current member of JCoSS staff with a permanent contract of employment who has completed two years of service? Yes/No**
6. **Is your child applying as an "Other-faith Child" (as detailed in the Admissions Policy and Procedures 2018 - 19 document)? Yes/No**  
If 'Yes', please complete Section D below:

**Section D. Have you or your child attended at least four religious 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.

**Religious Leader or authorised representative declaration:** I confirm that to the best of my knowledge the information in Section D is correct.

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

Name of Signatory: ..... Place of Worship.....

Address: .....

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

**Please ensure that you have submitted and returned the CAF to your child's school or Local Authority.**

Please ensure that you have included relevant documentation (photocopies are acceptable other than for Section 1A overleaf) **including any other evidence to support the application as detailed above.**

Please return this form, together with the evidence, by **1.00pm on 31 October 2017 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.

**Declaration:**

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.

Signature: ..... Name: ..... Date: .....

(BLOCK CAPITALS)

Mobile No: ..... Home No: ..... Email: .....

(Please write clearly)

Home Address of child: (BLOCK CAPITALS).....

.....

.....

For office use only: Date received ..... Follow-up date ..... Date completed .....

A  B  C  2<sup>nd</sup>  3<sup>rd</sup>  Other

L/A  Sibling  Feeder School  Staff  Complete

Additional information included with application.....

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