

Declaration of Jewish Practice 2020-2021 for applicants joining between 1 September 2020 and 31 August 2021

Thank you for completing the online Supplementary Information Form. To complete your application please ensure that the declarations below are signed as appropriate and that any evidence is included when you return this form.

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 DJP) 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 DJP, 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 2019**. Please refer to the Admissions Policy and Procedures 2020-21 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 2019 - 20)?

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: Position:

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 applying as an "Other-faith Child" (as detailed in the Admissions Policy and Procedures –2020 - 21 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: Position.....
Place of Worship.....
Address:
..... Postcode:

Please ensure that you have submitted and returned the CAF to your 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 post this form, together with the evidence, by **1.00pm on 31 October 2019 to:**

Admissions Officer, JCoSS, Castlewood Road, New Barnet, EN4 9GE. Please ensure you apply the correct postage.

Receipt of this DJP will be acknowledged by email.

Declaration:
I wish my child to be considered for a place as a student at JCoSS and declare that the information included on the online SIF already submitted and this DJP 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:

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

A B C 2nd 3rd 4th

L/A Sibling Staff Complete

Additional information included with application.....
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