

IN YEAR ADMISSIONS 2019-2020 Supplementary Information Form

for applicants joining between 1 September 2019 and 31 August 2020

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 post.

Please refer to the Admissions Policy and Procedures 2019-20 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 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. Is either parent a current member of JCoSS staff with a permanent contract of employment who has completed two years of service? Yes/No

Name of member of staff:.....

5. Is your child applying as an "Other-faith Child" (as detailed in the Admissions Policy and Procedures –2019-20 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 Barnet 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 to:

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

Receipt of this SIF 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 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).....

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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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