

## 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 2021-22 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 –2021 - 22)?

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

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

**Section A. Does the child applying for a place have a sibling who applied to JCoSS as a Jewish child in the last four years, whether admitted to JCoSS or not? Yes/No**

**If Yes:** please provide the sibling name and current year group below. You **do not** need to complete sections B, C or D. Please sign the declaration at the bottom of page 2

**If No:** you must satisfy EITHER Section B, C OR D below.

Sibling name: ..... Year Group: .....

**Section B. Has your child been engaged in formal Jewish education (either provided at a Jewish school, Cheder/Hebrew school (or equivalent), synagogue or by a tutor) on at least 4 occasions in the twelve months prior to this application? Yes/No**

**If Yes:** please either have the declaration below signed or attach documentary evidence to confirm such engagement. You **do not** need to complete sections A, C or D. Please sign the declaration at the bottom of page 2.

**If No:** you must satisfy EITHER Section A, C OR D.

**Authorised school/synagogue representative or tutor 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: .....

----- OR -----

**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 4 occasions in the twelve months prior to this application? Yes/No**

**If Yes:** please specify name of organisation and have the declaration below signed. You **do not** need to complete section A, B or D. Please sign the declaration at the bottom of page 2.

**If No:** you must satisfy EITHER Section A, C OR D.

**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: .....

**Section C. Has your child attended at least four online Cheder sessions run by JCoSS in the Summer and/or Autumn terms prior to this application? Yes/No**

If **Yes**: please specify the dates and times attended. You **do not** need to complete section A, B or D. Please sign the declaration at the bottom of this page.

If **No**: you must satisfy EITHER Section A, B OR D.

Dates & times attended: .....

.....

.....

**Section D. Have you or your child attended at least four actual or virtual 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. You **do not** need to complete Sections A, B or C. Please sign the declaration at the bottom of this page.

If **No**: you must satisfy EITHER section A, B or C.

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

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

Name of Signatory: ..... Position.....

Synagogue: .....

Address: .....

2. **Is your child a looked-after, or previously looked after child? Yes/No**  
If 'Yes', please ensure relevant evidence is forwarded to your local authority. They are the arbiter of which children qualify for these categories and JCoSS is unable to influence their decision.
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 –2021 - 22 document)? Yes/No**  
If 'Yes', please complete Section E below:

**Section E. 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: .....

**Declaration:**

I wish my child to be considered for a place as a student at JCoSS and declare that the 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: (BLOCK CAPITALS).....

Date:..... Mobile No:..... Home No:.....

Email: .....

Hone Address of Child: (BLOCK CAPITALS).....

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**Jewish Community Secondary School**  
Castlewood Road,  
New Barnet  
EN4 9GE

**Tel:** 020 8344 2220  
**Email:** admissions@jcross.barnet.sch.uk  
**Website:** www.jcross.org



**Please ensure that you have submitted and returned the CAF to Barnet Local Authority.**

Please ensure that you have included relevant documentation 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.**

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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"/>	4th <input type="checkbox"/>		
L/A <input type="checkbox"/>	Sibling <input type="checkbox"/>	Staff <input type="checkbox"/>					Complete <input type="checkbox"/>
Additional information included with application.....							
.....							