

IN YEAR ADMISSIONS 2020-2021 Supplementary Information Form

for applicants joining between 1 September 2020 and 31 August 2021

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 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 –2020 - 21)?

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, C 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 B 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 E 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.

For office use only:	Date received	Follow-up date	Date completed				
A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <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.....							
.....							