

## Certificate of Religious Practice 2024-2025 for applicants joining between 1 September 2024 and 31 August 2025

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 E-Admissions form provided by your Local Authority. If you do not, your child will not be considered for a place.

This form (the CRP) 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 CRP, 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<sup>st</sup> October 2023**.

Please refer to the Admissions Policy and Procedures 2024-25 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 2024-25)?

**Yes:** please complete Sections A or B & C below as appropriate.      **No:** please skip to Question 2 overleaf.

#### Section A. Have you or your child attended at least 4 synagogue services in the six months prior to this application? Yes/No

If **Yes:** please either have the declaration below signed or attach official documentary evidence from the synagogue 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. Please complete section C below.

**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 –2024-25 document)?**  
**Yes/No** If 'Yes', please complete Section D below:

<p><b>Section D. Have you or your child attended at least four religious services in the six months prior to this application?</b> <b>Yes/No</b></p> <p><b>If Yes:</b> please either have the declaration below signed <u>or</u> attach documentary evidence to confirm such attendance.</p> <p><b>Religious Leader or authorised representative declaration:</b> I confirm that to the best of my knowledge the information in Section D is correct.</p> <p>Signed: .....Date: .....</p> <p>Name of Signatory: ..... Position.....</p> <p>Place of Worship.....</p> <p>Address: .....</p> <p>..... Postcode: .....</p>
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**Please ensure that you submit your E-Admissions form to your Local Authority between 1<sup>st</sup> September – 31<sup>st</sup> October 2023.**

Please post this form, together with the evidence, by **1.00pm on 31<sup>st</sup> October 2023** to:

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

**Receipt of this CRP will be acknowledged by email.**

<p><b>Declaration:</b></p> <p>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 CRP 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.</p> <p>Signature: .....</p> <p>Name: (BLOCK CAPITALS) .....Date: .....</p> <p>Mobile No: .....Home No: .....</p> <p>Email: .....</p>
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**Checklist:**

- I have/will submit the E-Admissions form to my local authority between 1<sup>st</sup> September – 31<sup>st</sup> October 2023
- I have completed the JCoSS online Supplementary Information Form (SIF)
- I have included relevant documentation including any other evidence to support the application as detailed above.

For office use only:	Date received .....	Follow-up date .....	Date completed .....			
A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	1 <sup>st</sup> <input type="checkbox"/>	2 <sup>nd</sup> <input type="checkbox"/>	3 <sup>rd</sup> <input type="checkbox"/>	4 <sup>th</sup> <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.....						
.....						