Jewish Community Secondary School Castlewood Road, New Barnet EN4 9GE Tel: 020 8344 2220 Email: 6thform@jcoss.barnet.sch.uk Website: www.jcoss.org



Sixth Form Certificate of Religious Practice 2026-2027

External applicants only joining between 1st September 2026 and 31st August 2027 must complete <u>questions 1, 2 and 3</u>

Surname of child:	First Name:	Date of Birth:
1. Are you a looked-after child, or a child		
If 'Yes' – please enclose supporting evider	nce from the professional dealing with y	your case.
2. Are you a 'Jewish child' (as described i	in the Admissions Policy and Procedure	es document 2026-27)? Ves/No
If 'Yes' - please complete either section A or s		If 'No' - please go to section 3.
	<u> </u>	, 6
Section A. Have you or your child attend	ded at least 4 synagogue services in the	e six months prior to this application? Yes/No
If Yes: please either have the declaration	below signed or attach official docume	ntary evidence from the synagogue to confirm such
attendance. Then go to Question 2 below	v. You do not need to complete Section	B and C below.
If No: you must satisfy BOTH Sections B a		
Rabbi, lay leader or authorised synagogu in Section A is correct.	e representative declaration: I confirm	that to the best of my knowledge the information
Signed:	Date:	
Name of Signatory:	Position	
Synagogue:		
Address:		
		Postcode:
Section B. Has your child been engaged	in formal Jewish education (either pro	vided at a synagogue. Jewish school.
		he six months prior to this application? Yes/No
If Yes: please either have the declaration complete section C below.	below signed <u>or</u> attach documentary ev	vidence to confirm such engagement. Please
	gue representative declaration: I confin	rm that to the best of my knowledge the information
in Section B is correct.		
Signed:		Date:
Name:	Position:	
Organisation/Provider:		
Address:		
		Jewish communal, charitable or welfare activity
		at least 3 occasions in the six months prior to this
application? Yes/No	,	
If Yes: please specify name of organisation	n and have the declaration below signe	d.
Jewish Communal/Charitable/Welfare ad	ctivity Declaration: I confirm that to the	e best of my knowledge the information in Section C
is correct.		
Signed:	Date:	
Name:	Position:	
Organisation:		
Address:		
		Postcode:

Yes/No	If 'Yes', please complete Section D below:		
Section D. Hav	e you or your child attended at least four religious services in the six months prior to this application? Yes/No		
If Yes: please e	ther have the declaration below signed $\underline{\mathbf{or}}$ attach documentary evidence to confirm such attendance.		
Religious Leade is correct.	r or authorised representative declaration: I confirm that to the best of my knowledge the information in Section D		
Signed:	Date:		
Name of Signator	/:		
Place of Worship.			
Address:			
	Postcode:		
Declaration:			
I wish 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			
i wisii to be con	sidered for a place as a student at JCoSS and declare that the above information is true and correct in every detail. I		
	sidered for a place as a student at JCoSS and declare that the above information is true and correct in every detail. I if a place is obtained on the basis of incorrect or inaccurate information, the offer may be withdrawn.		
understand that			
understand that Student's signat	if a place is obtained on the basis of incorrect or inaccurate information, the offer may be withdrawn.		
Student's signature	if a place is obtained on the basis of incorrect or inaccurate information, the offer may be withdrawn. Date:		
Student's signature Parent's name:	if a place is obtained on the basis of incorrect or inaccurate information, the offer may be withdrawn. Date: Date:		
Student's signature Parent's name: Mobile No:	if a place is obtained on the basis of incorrect or inaccurate information, the offer may be withdrawn. Date: Date: BLOCK CAPITALS)		
Student's signate Parent's name: Mobile No: Email:	if a place is obtained on the basis of incorrect or inaccurate information, the offer may be withdrawn. Date: Date: BLOCK CAPITALS) Home No:		
Student's signate Parent's name: Mobile No: Email:	if a place is obtained on the basis of incorrect or inaccurate information, the offer may be withdrawn. Date: Date: BLOCK CAPITALS) Home No:		

3. Is your child applying as an "Other-faith Child" (as detailed in the Admissions Policy and Procedures –2026-27 document)?

Please post this form, together with the relevant evidence, by Friday 23rd January 2026 to:

<u>Sixth Form Admissions, JCoSS, Castlewood Road, New Barnet, EN4 9GE.</u>

Or scan and email to 6thform@jcoss.barnet.sch.uk