

Supplementary Information Form for Transfer at 11+ for September 2012

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.

You should also complete this form (the "SIF") because without it we cannot apply our over-subscription criteria correctly and will not be able to give you priority consideration.

This form should be completed by the parent or carer in black ink and IN BLOCK CAPITALS and then returned to the Admissions Officer by 1.00pm on 25th November 2011.

Please refer to the Admissions Policy and Procedures 2012-13 document when completing this form.

Surname of Child: First Name: Date of Birth:

1. Are you applying under First Priority (as detailed in the Admissions Policy and Procedures 2012-13 document

Yes - complete Sections A-D below as appropriate.

No - skip to Question 2 overleaf.

Section A. Are you a member of a synagogue?

Yes - please either have the declaration below signed or attach original documentary evidence to confirm Synagogue membership. Then go to Question 2 overleaf. You do not need to complete Section B-D below.

No - You MUST satisfy EITHER Section B OR BOTH Sections C and D below.

Rabbi or Synagogue Officer Declaration: I confirm that to the best of my knowledge the information in Section A is correct.

Signed: Date:

Name of Signatory: Synagogue:

Address: Postcode:

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

If 'Yes', please have the declaration below signed or attach documentary evidence to confirm such attendance.

Then go to Question 2 overleaf. You do not need to complete Section C and D below.

No - You MUST satisfy BOTH Sections C and D below.

Rabbi or Religious Lay Leader Declaration: I confirm that to the best of my knowledge the information in Section B is correct.

Signed: Date:

Name of Signatory: Synagogue:

Address: Postcode:

Section C. Has your child been engaged in formal Jewish education (either provided, where relevant, at a synagogue, Jewish primary school, Cheder/Hebrew school (or equivalent) or by a tutor)? Yes/No

If 'Yes', please have the declaration below signed or attach documentary evidence to confirm such engagement.

Jewish School/Cheder/Hebrew Headteacher/Tutor/Rabbi Declaration: I confirm that to the best of my knowledge the information in Section C is correct.

Signed: Date:

Name: Position:

Address: Postcode:

Organisation / Provider:

Section D. Have you or your child been involved in a volunteer capacity in any Jewish communal, charitable or welfare activity in the last two years? Yes/No

If 'Yes', please specify name of organisation and have the declaration below signed.

Jewish Communal/Charitable/Welfare Declaration: I confirm that to the best of my knowledge the information in Section D is correct.

Signed: Date:

Name: Position:

Address: Postcode:

Organisation:

2. Is your child residing in accommodation provided for them by a Jewish care home or a care organisation? Yes/No

If 'Yes', please enclose supporting evidence from the professional dealing with your case.

3. Are there medical grounds on which JCoSS is particularly appropriate for your child? Yes/No

If 'Yes', please enclose supporting submissions from your child's GP and consultant, setting out the particular reasons why JCoSS is the most suitable school for your child and that the medical grounds are such that they cannot be met sufficiently at another school.

4. Are there social grounds on which JCoSS is particularly appropriate for your child? Yes/No

If 'Yes', please enclose supporting submissions from your child's GP, social worker or education welfare officer, setting out the particular reasons why JCoSS is the most suitable school for your child and that the social grounds are such that they cannot be met sufficiently at another school.

5. Name of any sibling/s currently enrolled at JCoSS? Year Group:

6. Does your child attend one of the following schools? (please tick)

Akiva Clore Shalom Clore Tikva

7. Are you applying under Second Priority (as detailed in the Admissions Policy and Procedures 2012-13 document)? Yes/No

If 'Yes', please attach a letter from a priest or other religious leader confirming your commitment to a faith or confirming involvement in recognised religious activities.

Have you submitted and returned the CAF to your child's school or to your Local Authority? Yes/No

Declaration:

I wish my child to be considered for a place as a pupil 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)

Please ensure that you have included relevant documentation (photocopies are acceptable other than for Section 1A overleaf) including:

- **Proof of residence.** Please send us a recent utility bill (not more than 6 months old) or your most recent Council Tax bill with your name and address.
- **Proof of your child's date of birth** such as a copy of their short birth certificate.
- **Any other evidence to support the application as detailed above.**

Please return this form, together with the evidence, by **1.00pm on 25th November 2011** to:

Admissions Officer, JCoSS, Castlewood Road, New Barnet, EN4 9GE

If you would like receipt of your SIF to be acknowledged then please enclose a self addressed envelope.

For office use only: Date received Follow-up date Date completed

A B C D 2nd 3rd

DOB Utility Sibling Feeder School Complete

Additional information included with application.....

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