Certificate of Religious Practice (CRP) to Support an Application for a Priority Place at a Nursery or Primary School Under the Religious Authority of the Office of the Chief Rabbi of the United Hebrew Congregations and the Commonwealth For Entry in September 2016

PLEASE ENSURE THAT ALL RELEVANT PARTS OF THE FORM ARE COMPLETED AND SIGNED

- 1 A completed and valid copy of this form should be sent to the school no later than 15 January 2016.
- 2 If the form is not received in time, it may not be possible to treat the child as a priority applicant.
- 3 In order to obtain points in section 1, the parent/guardian must <u>register</u> the child at least two days in advance of attendance at the synagogue(s) which they propose to attend preferably by email or online (see synagogue website).
- 4 In order to obtain points in sections 2 and 3, it is the responsibility of the parent/guardian to complete this form and take, or send, it to the person(s) referred to in those sections in order to have it validated.
- 5 The school will not consider a CRP to be complete and valid if it does not contain the required declarations.
- 6 The relevant person(s) may decline to sign this form where the parent/guardian or the child is not personally known to them and/or cannot vouch for the parent/guardian or the child.
- 7 To be considered a priority applicant, the parent(s)/guardian(s) or child will be required to achieve **FOUR (4) points** on behalf of the child.
- 8 Although there is NO benefit in obtaining MORE than FOUR (4) points, it is hoped that families will continue with the various activities in which they have become involved.
- 9 The completed and valid CRP may be used **at any time** when applying for a place in a primary school. Parent(s)/guardian(s) are advised to keep a copy of the completed form and supporting documents.

Child's surname			Child's first name(s)			
Date of birth			Child's Hebrew name	:		
Full postal addres	SS .		Parent's/Guardian's I and Telephone Numb			
		es have you, the child's other		the chil	d attended Sh	abbat morning
signed lette	er or by completing the d	be be verified by the Rabbi of eclaration below. Indication				
Please tick	one box only					
☐ At leas	st 6 times (4 points)	☐ At least 3 times ((2 points) \square Fe	wer than	3 times (0 poi	nts)
only verif comply w are requi	fy attendances on either i ith their procedure. Fan red to decline to record i	bbis/officials of synagogue Friday night or Shabbat mo nilies will not receive points attendance on that basis. endance at Shabbat morn	orning. Please check with s for simply arriving on th	your ind he premi	lividual synago ses. Synagogue	gue to ensure you
2015	12/13 June	31/1 August	18/19 September	6/7.1	November	25/26 December
1/2 May	19/20 June	7/8 August	25/26 September		November	23/20 December
8/9 May	26/27 June	14/15 August	2/3 October	20/21	November	
0/9 iviay	3/ 4 July	21/22 August	9/10 October	27/28	November	2016
15/16 May		20/20 Amount	16/17 Octobor	4/5 1	December	1 / O T
15/16 May 22/23 May	10/11 July	28/29 August	16/17 October			1/ 2 January
15/16 May 22/23 May 29/30 May	17/18 July	4/ 5 September	23/24 October	11/12	December	1/ 2 January 8/9 January
15/16 May 22/23 May				11/12		
15/16 May 22/23 May 29/30 May 5/6 June Note: For late of your synagogue. Declaration by F	17/18 July 24/25 July or in-year applications, a	4/ 5 September 11/12 September arrangements for registerin	23/24 October 30/31 October g and recording attendar	11/12 18/19	December December	8/9 January
15/16 May 22/23 May 29/30 May 5/6 June Note: For late of your synagogue. Declaration by F	17/18 July 24/25 July or in-year applications, a	4/ 5 September 11/12 September arrangements for registerin ial:	23/24 October 30/31 October g and recording attendar	11/12 18/19 ace at Sh	December December	8/9 January

If you have gained your 4 points in Section 1, please proceed to Section 4 overleaf

Please tick relevant box	Yes (2 points)	□ No (0 points)	
If yes, please specify ac	ctivities, venue and frequency:		
Declaration by Headteacher I confirm that to the best of n	r/Teacher/Course Leader: ny knowledge and belief the informa	ation in Section 2 is correct	
Signature		Name and position of signatory	
Date		Address of signatory	
Name of Course/ Institution		Postcode	
			ity in a Jewish communal, charitable
	at least 12 occasions within the las	•	
Please tick relevant box	· · · · · · · · · · · · · · · · · · ·	□ No (0 points)	
If yes, please specify na	ame of organisation and give a brief	description:	
	••••••		
	munal/Charitable/Welfare Organ ny knowledge and belief the informa		
confirm that to the best of h	ly knowledge and benef the informa	ation in Section 3 is correct	
	knowledge and benef the information	Name and position of signatory	
Signature Date	knowledge and belief the information	Name and position of	
Signature	knowledge and benefitire information	Name and position of signatory	
Date *Name and Address of Organisation		Name and position of signatory Address of signatory Postcode	vation(s) to this form A non-exhaustive
Date *Name and Address of Organisation Notes: If these 12 occasions	have included more than one organ	Name and position of signatory Address of signatory Postcode	ration(s) to this form. A non-exhaustive
Date *Name and Address of Organisation Notes: If these 12 occasions	have included more than one organ volunteering opportunities can be f	Name and position of signatory Address of signatory Postcode	
*Name and Address of Organisation *Votes: If these 12 occasions list of welfare and charitable	have included more than one organ volunteering opportunities can be f	Name and position of signatory Address of signatory Postcode	
Signature Date *Name and Address of Organisation Notes: If these 12 occasions list of welfare and charitable Other synagogues will providence.	have included more than one organ volunteering opportunities can be fide their own guidance. Declaration	Name and position of signatory Address of signatory Postcode	
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