Certificate of Religious Practice (CRP) to Support an Application for a Priority Place at a Nursery or Primary School under the Foundation Body of the United Synagogue for Entry in September 2017

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 2017.
- 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 <u>FOUR (4) points</u> 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 or a school nursery unit where the identical criteria are used. Parent(s)/guardian(s) are, therefore, advised to keep a copy of the completed form and supporting documents. They **must** be produced when transferring from Nursery to Reception in the same school.
- 10 The PAF can no longer be used for applications for a place in the Nursery or any class in the school. A CRP must be completed for all applications for entry from September 2017.

		Child's Hebrew na	me	
	nes have you, the child's o	ther parent/guardian,	or the child attended S	habbat morning
	declaration below. Indication	on of the dates of attenda	ance should be included	in both options.
box only				
imes (4 points)	☐ At least 4 times	(2 points)	Fewer than 4 times (0 pe	oints)
ance on that basis.		, 00	•	equired to decline to
18 June	6 August	24 September	5 November	17 December
				24 December
		8 October	19 November	31 December
9 July	27 August	15 October	26 November	
16 July	3 September	22 October	3 December	2017
23 July	10 September	29 October	10 December	7 January
30 July	17 September			
t	gious services? at attendance need to by completing the completing	gious services? at attendance need to be verified by the Rabbi by completing the declaration below. Indication box only times (4 points) Indication box only times (4 points) Indication box only times (4 points) Indication below. Indication below. Indication below. Indication box only times (4 points) Indication below. Indication	and Telephone Nur 1016, how many times have you, the child's other parent/guardian, gious services? at attendance need to be verified by the Rabbi or authorised official of by completing the declaration below. Indication of the dates of attendation only times (4 points) At least 4 times (2 points) not receive points for simply arriving on the premises. Synagogues are lance on that basis. 18 June 18 June 25 June 13 August 24 September 25 June 13 August 1 October 2 July 9 July 16 July 3 September 22 October 22 October	at attendance need to be verified by the Rabbi or authorised official of the synagogue attended by completing the declaration below. Indication of the dates of attendance should be included box only times (4 points) At least 4 times (2 points) Fewer than 4 times (0 points) not receive points for simply arriving on the premises. Synagogues are empowered and are reflace on that basis. The for recording attendance at Shabbat morning synagogue services from 7 May 2016: 18 June 18 June 6 August 1 October 13 August 1 October 2 July 9 July 14 September 15 November 16 July 15 October 16 November 16 July 3 September 22 October 3 December

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

Name and position of

Address of signatory

signatory

Signature

Date

Please tick relevant box	☐ Yes (2 points)	\square No (0 points)	
If yes, please specify activities	venue and frequency:		
Declaration by Headteacher/Teach I confirm that to the best of my know		ation in Section 2 is correct	
Signature		Name and position of signatory	
Date		Address of signatory	
Name of Course/ Institution		Postcode	
3 Have you or the child's other	parent/guardian participa	ated in an unpaid voluntary capa	ncity in a Jewish communal, charitable
or welfare activity on at least	12 occasions within the las	st two years? NB: This does NOT	
Please tick relevant box	☐ Yes (2 points)	□ No (0 points)	
If yes, please specify name of o	rganisation and give a brief	description:	
	•••••		
Declaration by Jewish Communal/	Charitable/Welfare Organ	nisation:	
Declaration by Jewish Communal/I confirm that to the best of my know	Charitable/Welfare Organ ledge and belief the informa	nisation: ation in Section 3 is correct	
I confirm that to the best of my know	Charitable/Welfare Organ ledge and belief the informa	Name and position of signatory	
Declaration by Jewish Communal/ I confirm that to the best of my know Signature Date	Charitable/Welfare Organ ledge and belief the informa	Name and position of	
I confirm that to the best of my know Signature	Charitable/Welfare Organ ledge and belief the informa	Name and position of signatory	
Confirm that to the best of my known Signature Date *Name and Address of	ledge and belief the information	Name and position of signatory Address of signatory Postcode	aration(s) to this form.
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