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 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. 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 address			Parent's/Guardian's Nar and Telephone Number		
		have you, the child's oth day night synagogue serv		the child attended Sha	abbat morning
		be verified by the Rabbi or claration below. Indication			
Please tick one	e box only				
☐ At least 6	times (4 points)	☐ At least 3 times (2 points) □ Fe	wer than 3 times (0 poin	nts)
attendance r only verify a comply with are required	ecords ratified by Rab ttendances on either F their procedure. Fami to decline to record a	ol is under the religious a bis/officials of synagogue riday night or Shabbat mo lies will not receive points ttendance on that basis. ndance at Shabbat morn	movements other than The rning. Please check with for simply arriving on th	e United Synagogue. So your individual synago te premises. Synagogue.	ome synagogues may gue to ensure you
2016	17/18 June	5/6 August	23/24 September	11/12 November	30/31 December
6/7 May	24/25 June	12/13 August	30/1 October	18/19 November	30/31 December
13/14 May	1/2 July	19/20 August	7/8 October	25/26 November	
20/21 May	8/9 July	26/27 August	14/15 October	2/3 December	2017
27/28 May	15/16 July	2/3 September	21/22 October	9/10 December	6/7 January
3/4 June	22/23 July	9/10 September	28/29 October	16/17 December	13/14 January
10/11 June	29/30 July	16/17 September	4/5 November	23/24 December	
your synagogue. Declaration by Rab	bi/Authorised Officia	rangements for registering al: and belief the informatior		 ce at Shabbat services	_ should be made with

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

Date

signatory

Address of signatory

Please tick relevant box	☐ Yes (2 points)	□ No (0 points)	
If yes, please specify act	ivities, venue and frequency:		
Declaration by Headteacher/ I confirm that to the best of my	Teacher/Course Leader: y 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	
2		4.4:	luin - Tamish assumant should bla
or welfare activity on a	t least 12 occasions within the las	st two years?	ty in a Jewish communal, charitable
Please tick relevant box	☐ Yes (2 points)	□ No (0 points)	
If yes, please specify nar	me of organisation and give a brief	description:	
	nunal/Charitable/Welfare Organ y knowledge and belief the informa		
Signature		Name and position of signatory	
Date		Address of signatory	
		Postcode	
*Name and Address of Organisation	ave included more than one organ	isation, please attach further declare	ution(s) to this form A non-exhaustive
Organisation Notes: If these 12 occasions h		isation, please attach further declard ound on the United Synagogue's web	ution(s) to this form. A non-exhaustive osite:www.theus.org.uk
Organisation Notes: If these 12 occasions h	volunteering opportunities can be fo		
Organisation Notes: If these 12 occasions h list of welfare and charitable v Other synagogues will provide	volunteering opportunities can be for e their own guidance.		
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