



Supplementary Information Form (SIF)

2020–2021

A completed copy of this form should be sent to the school no later than **15 January 2020**.

The purpose of this form is to allow Sacks Morasha Jewish Primary School (“the School”) to offer places fairly and accurately.

The questions are designed to assess whether applicants meet the requirements to be classed as ‘priority children’. Those who meet the requirements will be given ‘priority status’, which means they will be offered a place ahead of those who do not have ‘priority status’.

In order to be given ‘priority status’, applicants must attain **THREE** points in the questionnaire below. Having achieved three points, **there is no benefit to achieving more points** (i.e. four).

None of the information requested on the School’s SIF is mandatory. However, failure to provide this information may mean that priority status cannot be established.

Please remember that a COMMON APPLICATION FORM (CAF) must also be completed and submitted to your HOME BOROUGH. It must NOT be sent to the school, as this will delay your application.

PUPIL’S DETAILS

| | | |
|--|----------|----------------|
| FIRST NAME: | SURNAME: | DATE OF BIRTH: |
| ADDRESS: | | |
| Name of any siblings currently attending Sacks Morasha (if any): | | |

QUESTIONNAIRE

Please fill out **this form** and obtain third-party verifications as specified in each section.

Third-party verifications can be provided in the declaration within each section or as separate documents.

Email print-outs, showing sender's email address, will be accepted.

A score of THREE points is needed to obtain priority status.

* * *

SECTION 1: SHABBAT OBSERVANCE AND SHUL (SYNAGOGUE) ATTENDANCE

Between 15 June 2019 and 28 December 2019 there are 29 Shabbatot. **To obtain two points, you or the child's other parent/guardian must have attended Shul on Shabbat morning at least 18 times in this period.**

To obtain one point, you or the child's other parent/guardian must have attended Shul on Shabbat morning at least 14 times in this period. How many times have you attended? Please complete the section below.

Dates of Shabbat attendance need to be verified by the Rabbi or authorised official of the Shul attended, either by attaching a signed letter or by completing the declaration below.

Please tick one box only:

- Attended orthodox Shabbat services at least 18 times or more (2 points)
- Attended orthodox Shabbat services at least 14 times (1 point)
- Attended orthodox Shabbat services less than 14 times (0 points)

If you have attended 18 services or more, please tick one box only if applicable:

- Of the 18 Shabbat services** I attended, at least 13 of them were at Kinloss
- Of the 18 Shabbat services** I attended, at least 13 of them were at Woodside Park

Note: Families will not receive points for simply arriving on the premises. Shuls are empowered and are required to decline to record attendance on that basis.

Note: For late or in-year applications, the period for shul attendance will be the six months prior to the date of application. Arrangements for registering and recording attendance at Shabbat morning religious services should be made with your Shul.

DECLARATION BY RABBI OR AUTHORISED OFFICIAL OF THE SHUL

| | |
|--|------------------------|
| Name of shul: | |
| Name of signatory: | Position of signatory: |
| Address of signatory: | |
| I confirm that to the best of my knowledge and belief the information in Section 1 is correct. | |
| Signed: | Dated: |

SECTION 2: JEWISH LEARNING ACTIVITIES

Have you or the child's other parent/guardian participated in Jewish educational activities (e.g. shiurim, family education, adult education including Jewish language, Jewish history and Jewish cultural learning) **at least two times in the six months** prior to application? This can be the same activity. Please note that Jewish educational activities do not include Shabbat morning rabbinic sermons.

- Yes (1 point)
- No (0 point)

If yes, please specify activities, venue and frequency:

.....

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.....

.....

Participation in Jewish learning must be verified by a teacher/course leader of the class/course attended, either by attaching a letter/email or by completing the declaration below.

DECLARATION BY TEACHER/COURSE LEADER

| | |
|---|------------------------|
| Name of course/shiur and/or institution | |
| Name of signatory: | Position of signatory: |
| Address of signatory: | |
| I confirm that to the best of my knowledge and belief the information in Section 2 is correct | |
| Signed: | Dated: |

DECLARATION BY TEACHER/COURSE LEADER 2 (if required)

| | |
|---|------------------------|
| Name of course/shiur and/or institution | |
| Name of signatory: | Position of signatory: |
| Address of signatory: | |
| I confirm that to the best of my knowledge and belief the information in Section 2 is correct | |
| Signed: | Dated: |

Notes: *If you require more declaration forms these can be found on page 6.

SECTION 3: VOLUNTEERING AND INVOLVEMENT IN COMMUNAL LIFE

Have you or the child’s other parent/guardian participated in unpaid voluntary activities in a communal, charitable or welfare capacity **at least 3 times** over the past 6 months? This includes individual shifts on a Shul security rota. (If the same voluntary activity was carried out more than once, this is still counted as multiple voluntary activities.)

Yes (1 point)

No (0 point)

If yes, please specify the organisation and give a brief description of the activity:

.....

.....

.....

.....

DECLARATION BY COMMUNAL/CONGREGATION/CHARITABLE/WELFARE ORGANISATION 1:

| | |
|---|------------------------|
| Name of organisation: | |
| Name of signatory: | Position of signatory: |
| Address of signatory: | |
| I confirm that to the best of my knowledge and belief the information in Section 3 is correct | |
| Signed: | Dated: |

DECLARATION BY COMMUNAL/CONGREGATION/CHARITABLE/WELFARE ORGANISATION 2 (if required):

| | |
|---|------------------------|
| Name of organisation: | |
| Name of signatory: | Position of signatory: |
| Address of signatory: | |
| I confirm that to the best of my knowledge and belief the information in Section 3 is correct | |
| Signed: | Dated: |

Notes: *If you require more declaration forms these can be found on page 6.

SECTION 4: PARENT’S/GUARDIAN’S DECLARATION

I confirm the above information is correct.

Name of the person making the application:

Are you the child’s mother/father/guardian?

Please indicate how we can contact you:

Telephone:

Email:

Signature:.....

Date:

In the event that it is discovered that a parent/guardian has submitted information above which is later found to be incorrect, this may result in the refusal of the School to offer a place to the child. If a place has already been offered on the basis of fraudulent or intentionally misleading information, the School may withdraw the offer.

For the avoidance of doubt, this form does not confirm that the child for whom this application is made is Jewish in accordance with orthodox Jewish law.

For school use only

Date received:.....

Total number of points:

Child meets threshold: YES/NO

SUPPLEMENTARY DECLARATION FORMS

| | |
|--|------------------------|
| Name of organisation/institution: | |
| Name of signatory: | Position of signatory: |
| Address of signatory: | |
| I confirm that to the best of my knowledge and belief the information in Section ____ is correct | |
| Signed: | Dated: |

| | |
|--|------------------------|
| Name of organisation/institution: | |
| Name of signatory: | Position of signatory: |
| Address of signatory: | |
| I confirm that to the best of my knowledge and belief the information in Section ____ is correct | |
| Signed: | Dated: |

| | |
|--|------------------------|
| Name of organisation/institution: | |
| Name of signatory: | Position of signatory: |
| Address of signatory: | |
| I confirm that to the best of my knowledge and belief the information in Section ____ is correct | |
| Signed: | Dated: |