

EDEN PRIMARY

Supplementary Information form

Please refer to the admissions policy and instructions at www.edenprimary.org.uk

When you have filled in this form, please either

Scan and email to:

yeliz@edenprimary.org.uk

by **15th January 2024**

OR

Post it to:

School Admissions Administrator
Eden Primary
79 Creighton Avenue
N10 1NR

by **15th January 2024**

A ABOUT YOUR CHILD

Surname of child

First name(s) *please circle the name your child uses*

Gender M / F

Date of Birth

Address

..... Post Code

B ABOUT YOU

Your name

Relationship to child Home number

Mobile Email

PLEASE COMPLETE AT LEAST ONE SECTION ON THIS PAGE FOR A FAITH BASED PLACE

C Are you a member of a synagogue, chavurah or other formal Jewish prayer group? YES / NO

If YES, please either have the declaration below signed or attach **original** evidence. If NO, please continue to section D.

Synagogue / Group officer: **I confirm that to the best of my knowledge the information in section C is correct.**

Signed..... Date.....
 Name of signatory..... Synagogue / Group.....
 Address..... Post code.....

D Have you or your child attended at least four formal Jewish services between 16/01/23 and 15/01/24? YES / NO

If YES, please either have the declaration below signed or attach evidence. If NO, please continue to section E.

Synagogue / Group officer: **I confirm that to the best of my knowledge the information in section D is correct.**

Signed..... Date.....
 Name of signatory..... Synagogue / Group.....
 Address..... Post code.....

E Has your child been in formal Jewish education for at least 6 months between 16/01/23 and 15/01/24? YES / NO

If YES, please either have the declaration below signed or attach evidence. If NO, please continue to section F below.

Education provider: **I confirm that to the best of my knowledge the information in section E is correct.**

Signed..... Date.....
 Name of signatory..... Name of organisation.....
 Address..... Post code.....

F Have you been involved at least monthly as a volunteer in Jewish charity work for a minimum 12 months 16/01/23 and 15/01/24? YES / NO

If YES, please either have the declaration below signed or attach evidence. If NO, please continue to section G below.

Jewish charity/equivalent: **I confirm that to the best of my knowledge the information in section F is correct.**

Signed..... Date.....
 Name of signatory..... Name of organisation.....
 Address..... Post code.....

**G Have you been involved at least 6 times between 16/01/23 and 15/01/24 in any combination of:
 a) Private or family worship on Shabbat or Jewish festivals in your home?
 b) Formal Jewish learning?
 c) Formal Jewish community activities? YES / NO**

For Section G question (a), please enclose a letter from a **non-family** member who was actually present at **each** event. Each event must have its own separate letter and authors to show the 6 occasions clearly dated and described. Thank you.

For **(b) and (c)**, please enclose a letter from the organisation involved.