**EDEN PRIMARY**

Supplementary Information Form – Reception 2025

**Please refer to the admissions policy and instructions at** [**www.edenprimary.org.uk**](http://www.edenprimary.org.uk)

When you have filled in this form, please either

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| **Scan and email to:**  [yeliz@edenprimary.org.uk](mailto:yeliz@edenprimary.org.uk)  by **15th January 2025** | **OR** | **Post it to:**  School Admissions Administrator  Eden Primary  79 Creighton Avenue  N10 1NR  by **15th January 2025** |

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| A ABOUT YOUR CHILD |
| First name(s) *please circle the name your child uses* ……………………………………….…………………………  Middle name(s) ……………………………………………………………………………………………………………….  Surname of child ………………………………………………………………………………………………………………    Gender M / F Date of Birth ………………………………………………..  Address ……………………………………………………………………………..………………………………………………  ……………………………………………………… Post Code …………………………………………………… |

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| B ABOUT YOU |
| Your name …………………………………………………………………………………………………………………………  Relationship to child ...……………………………… Home number ……………………………………………..  Mobile ...…………………………………………… Email …………………………………………………….……………..  Date ………………………………………………. |

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| **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 16/01/24 and 15/01/25?** | YES / NO |
| If YES, please either have the declaration below signed or attachevidence. 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 16/01/24 and 15/01/25?** | 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 between 16/01/24 and 15/01/25?** | 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 16/01/24 and 15/01/25 in any combination of:**  **i) Private or family worship on Shabbat or Jewish festivals in your home?**  **ii) Formal Jewish learning?**  **iii) Formal Jewish community activities?** | YES / NO |
| For Section G question (i), 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 **(ii) and (iii),** please enclose a letter from the organisation involved. | |