**SUPPLEMENTARY INFORMATION FORM**

**FOR A PLACE IN RECEPTION**

**Please complete this form in block capitals and return it to the school by 15 January.**

**You must include a Certificate of Religious Practice** **to be treated as a priority applicant.**

**BEFORE SUBMITTING YOUR APPLICATION, PLEASE NOTE**:

1. The school cannot legally provide a place unless an application has been made through the Local Authority Coordinated Admissions Scheme. For children living in Hertfordshire, please visit Hertfordshire County Council’s website ([www.hertfordshire.gov.uk/admissions](http://www.hertfordshire.gov.uk/admissions)) for further guidance.
2. Please complete one Supplementary Information Form for each child.
3. The school’s Certificate of Religious Practice is available from the School website ([www.hjps.herts.sch.uk/admissions](http://www.hjps.herts.sch.uk/admissions)) or by emailing admissions@hjps.herts.sch.uk. You may use the same CRP for applications to other United Synagogue schools, though other schools might require more points.
4. Please do NOT send any other documentation at this stage. Additional information will be requested if and when it is needed.
5. This form may be submitted by email to admissions@hjps.herts.sch.uk or by post to The Admissions Officer at the above address. **If you apply by email, the forms must be in pdf format and not photographs or images. If you apply by post, please keep copies of all submitted documents for your own records and ensure that the correct postage is used. We are unable to accept underpaid correspondence**.
6. Confirmation of receipt will be sent to you by email. Please therefore ensure that your email address is written clearly below.
7. If submitted information is later found to be incorrect, this may result in the refusal of a school place or the withdrawal of an offer already made.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name of child |  |  | Date of birth |  |
|  |  |  |  |  |
| Address |  |
|  |  |  |  |  |
| Postcode |  |  |  |  |
|  |  |  |  |  |
| Name of parent / carer to whom correspondence should be addressed: |
|  |  |  | Telephone |  |
|  |
| Email address |  |
|  |
| List below any sibling who will be a pupil in Years 1 to 6 at HJPS at the date of entry  |
| Name |  |  | Class |  |
|  |
| Does the child currently attend HJPS’s Nursery? Yes / No (please delete as applicable)  |
|  |  |  |  |  |  |
| Name any parent who is a permanent member of staff at the School: |  |
|  |  |  |  |  |  |
| Please tick this box if you are submitting a Certificate of Religious Practice to apply as a priority applicant: |  |
|  |
|  |  |  |  |  |  |
| I declare that I wish my child to be enrolled as a pupil of Hertsmere Jewish Primary School and that the above information is true and correct. |
| **Parent/Guardian’s signature** |  |  | **Date** |  |