**SUPPLEMENTARY INFORMATION FORM (SIF)   
FOR ADMISSIONS Sept 2018- Sept 19**

**Reception – Year 6**

This SIF deals with the oversubscription criteria as determined by Section 6 of the Admissions Policy for Reception – Year 6. You only need to fill in this SIF if you are applying to the school with a view to being considered for priority in the event of oversubscription.

Beit Shvidler Primary School Ethos includes a strong commitment to orthodox Jewish practice and Torah values. Priority Children are those whose Parent(s)/Carer(s) practise Orthodox Judaism as certified by the Electoral Rabbis of the Jewish Secondary School Movement (JSSM).

Priority Criteria:

Children and their parent(s)/carer(s) will need to meet all of the following criteria:

1. Full commitment to Shabbos and Yom Tov Observance
2. Full commitment to kashrus
3. Attendance and participation at an Orthodox Synagogue
4. Parent(s)/Carer(s) participation in Jewish adult education
5. Parent(s)/Carer(s) involvement in General Jewish Communal Life

Given all these criteria are fulfilled, *Priority Children* will be ranked according to (with 6 being the first priority and 9 being the last):

1. *Priority Children* who are ‘looked after’ or have been previously ‘looked after’ (for definition, please see the Admissions Criteria)
2. *Priority Children* who have a sibling in the school (Rec – Y6) at the time of the close of applications. (Please refer to the Admissions Criteria for precise definition.)
3. *Priority Children* whose Parent(s)/Carer(s) regularly attend and participate at Edgware Adath Yisroel Congregation (EAYC) (Please see Admissions Criteria for further information).
4. Priority Children whose Parent(s)/Carer(s) attend and participate at Other Orthodox Synagogues

This form should be verified and signed by Orthodox Rabbis as recognised by the Electoral Rabbonim of the Jewish Secondary School’s Movement.

Only information submitted at the time of application can be considered.

**Disclaimer:**

Places will be allocated on the accuracy of the information provided. The school reserves the right to verify the accuracy of that information and, if it is subsequently discovered that a place has been offered on the basis of the information given that was not accurate, the place may be withdrawn.

**Please note:**

It is your responsibility to ensure that your Rabbi has correctly and accurately filled in the form and that this form is submitted to the school before the published deadline date.

The Common Application Form (CAF) must be completed and submitted to your home local authority *in addition* to this SIF.

THE CAF MUST NOT BE SENT TO THE SCHOOL AS THIS WILL DELAY YOUR CHILD’S APPLICATION.

**Page 1 of 7**

**BEIT SHVIDLER PRIMARY SCHOOL**

**SUPPLEMENTARY INFORMATION FORM (SIF)**

**FOR RECEPTION – YEAR 6 ADMISSIONS (Sept 2018- Sept 2019)**

**Determination of Orthodox Jewish Practice for Priority Eligibility**

If you are submitting this SIF for more than one child, you only need to complete this page separately for each child.

|  |  |
| --- | --- |
| **Date of Submission** (office use) | |
| **CHILD DETAILS:** |  |
| Child Surname: | Forename(s): |
| Year group(s) applying for: | Date(s) of Birth: |
| **PARENT(S) /CARER(S) DETAILS** |  |
| Parent(s)/Carer(s) Name(s): |  |

In case of queries relating to this form, please provide a contact phone number or email address:

…………………………………………………………………………………………………………………………………………………………….

**Parent/s and Carer/s should complete their sections, and then pass the complete form on to their Rabbi/s for completion of his/their section/s.**

|  |  |  |
| --- | --- | --- |
| **Priority Ranking  (Please note that if you tick ‘yes’ for the first or second questions, you do not need to answer subsequent questions)** | **YES** | **NO** |
| **Is the child a “looked after” child? (Please provide appropriate supporting documents)** |  |  |
| **Does the child have a sibling at BSPS at the time of application?**  **If yes, please name sibling/s at the school:**  **Name of child: ………………………………….. Date of Birth: .………………….. Name of child: …………………………………… Date of Birth: ……………………** |  |  |
| **Do the child’s parent(s)/carer(s) regularly attend and participate at the EAYC? (Please note that the Rabbi of the EAYC needs to sign page 6 of the SIF to qualify for this criteria)** |  |  |

**Page 2 of 7**

**Parent(s)/Carer(s) Section:**

|  |
| --- |
| 1. **Full commitment to Shabbos and Yom Tov observance**   Priority will be given to orthodox Jewish applicants who are fully observant of Shabbos and Yom Tov, both in their home and outside. All *Priority Children* at BSPS should be comfortable spending Shabbos and Yom Tov in each other’s homes. |
| **Parent(s)/Carer(s) please confirm this is the case:** |
|  |

|  |
| --- |
| 1. **Full observance of kashrus both inside and outside the home**   Priority will be given to orthodox Jewish applicants who are fully observant of kashrus both inside and outside the home. All *Priority Children* at BSPS should be comfortable eating in each other’s homes. |
| **Parent(s)/Carer(s) please confirm this is the case:** |
|  |

**Page 3 of 7**

|  |  |  |
| --- | --- | --- |
| 1. **Regular attendance and active participation in Orthodox synagogue davening**.   Priority will be given to applicants whose parent(s)/carer(s) regularly attend and participate in Orthodox Synagogue davening. (Regular attendance and active participation means davening in synagogue, on average, 3 adult services a week, one of which must be one a Shabbos, for a minimum period of 12 months prior to the application submission.) | | |
| **Parent(s)/Carer(s):** | | |
| Do you actively participate at an orthodox synagogue? | **Yes** | **No** |
| What is the name of the synagogue at which you regularly attend and participate? |  | |
| **Please specify participation:** | | |

|  |
| --- |
| 1. **Involvement in Orthodox Synagogue Community Activities**.   Priority will be given to applicants whose parent(s)/carer(s) actively participate within an Orthodox Synagogue community for at least 12 months prior to application submission. This can include participation by one parent or both. Examples might include shul committees, organising shiurim, security, leining, chesed committees etc. |
| **Parent(s)/Carer(s), please specify participation:** |
|  |

**Page 4 of 7**

|  |
| --- |
| 1. **Parent(s)/Carer(s) participation in Jewish adult education**   Priority is given to applicants where the parent(s)/carer(s) is/are actively involved in weekly Jewish learning activities for at least 12 months prior to the application submission. This can include involvement by one parent or both. Examples could include synagogue based programmes, chavrusa, shiurim, Phone and Learn etc. |
| **Parent(s)/Carer(s) please specify participation:** |
|  |

|  |
| --- |
| **Parent(s)/Carer(s) Verification of accuracy of information**  To the best of our knowledge all of the above information is correct. |
| Parent(s)/Carer(s) Signature: |
| Please Print Name(s) (in capital letters): |
| Date: |

**Parent(s)/Carer(s): Please now give your completed form, along with a stamped, addressed envelope to ‘Admissions, Beit Shvidler Primary School, 261 Hale Lane, Edgware, Middx, HA8 8NX’, to your Rabbi for him to post back the SIF once he has completed his sections below.**

**Page 5 of 7**

**Rabbi/s Section**

**The Orthodox Rabbi who knows you and your family well and to whom you ask your shailos should answer the following questions:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME AND CONTACT DETAILS OF RABBI** | | | | |
| Name of Rabbi: | | Name of Orthodox Synagogue: | | |
| Rabbi’s Phone Number: | | Rabbi’s Email address: | | |
| I confirm that the parent(s)/carer(s) of the applicant(s) are fully observant of Shabbos and Yom Tov, both in their home and outside. | | Yes | | No |
| Additional Comments: | | | | |
| I confirm that the Parent(s)/Carer(s) of the applicant(s) are fully observant of Kashrus both inside and outside the home. | | Yes | | No |
| Additional Comments: | | | | |
| Beit Shvidler Ethos: The Beit Shvidler Primary School ethos includes a strong commitment to orthodox Jewish practice. | | | | |
| Please confirm that the applicant’s parent(s)/carer(s) are fully committed to orthodox Jewish practice. | Yes | | No | |
| Additional Comments: | | | | |
| Rabbi’s verification of accuracy of information  To the best of my knowledge all of the information I have supplied on this form is correct.  Rabbi’s signature:  Date: | | | | |

**Page 6 of 7**

**The Rabbi of your local Orthodox Community where you daven and participate regularly, should sign this section (applicants looking to qualify for EAYC priority should consult the EAYC website for further details. www.eayc.org):**

|  |  |  |
| --- | --- | --- |
| **NAME AND CONTACT DETAILS OF RABBI** | | |
| Name of Rabbi: | Name of Synagogue: | |
| Phone Number: | Email address: | |
| I confirm that the Parent(s)/Carer(s) of the applicant(s) regularly attend and participate in services at my synagogue on average, 3 services a week, one of which must be one a Shabbos, for a minimum period of 12 months prior to the application submission | Yes | No |
| Additional Comments: | | |
| I confirm that the parent(s)/carer(s) of the applicant(s) have consistently attended and participated in communal activities at my synagogue for at least 12 months prior to application submission (one parent or both). Examples might include shul committees, organising shiurim, security, leining, chesed committees etc. | Yes | No |
| Additional Comments: | | |
| Rabbi’s verification of accuracy of information  To the best of my knowledge all of the information I have supplied on this form is correct.  Rabbi’s signature:  Date: | | |

**Page 7 of 7**

**This Section should be completed by the Rabbi who is aware of your learning**

|  |  |  |
| --- | --- | --- |
| **NAME AND CONTACT DETAILS OF RABBI** | | |
| Name of Rabbi: | Name of Synagogue: | |
| Phone Number: | Email address: | |
| I can confirm that the parent(s)/carer(s) of the applicant is/are actively involved in weekly Jewish learning activities for at least 12 months prior to the application submission. This can include involvement by one parent or both. Examples could include synagogue based programmes, chavrusa, shiurim, Phone and Learn etc. | Yes | No |
| Additional Comments: | | |
| Rabbi’s verification of accuracy of information  To the best of my knowledge all of the information I have supplied on this form is correct.  Rabbi’s signature:  Date: | | |

**For school office use:**

|  |  |
| --- | --- |
| **SIF accepted:** |  |
| **Date:** |  |