Brodetsky Primary School Supplementary Information Form For those applying for entry in September 2024

A parent/carer must complete this form and take or send it to the person referred to in each section. The form should be sent to the school no later than 31.01.2024. If it is not received in time it may not be possible to treat the child as a priority applicant. The School cannot consider an application which does not have the relevant declarations and it is the responsibility of the applicant to approach the relevant person. The relevant person may decline to sign this form where you or the child is not personally known to them and/or cannot vouch for you or the child. To be considered a priority applicant a child will be required to achieve 5 points. If this has been achieved after completing any section, the other sections need not be completed. Please note that the criteria for next year may change again. Please note that information on this form is an addition to that requested by Children's Services, Leeds.

Mission statement for Brodetsky Primary School

Surname of child

Brodetsky Primary School is an Orthodox Jewish school committed to excellence in learning, education and achievements. We value the contribution of all members of our community: children, staff, parents, carers, governors and friends. We provide a warm, caring, friendly atmosphere and a safe and ordered environment in which every child matters.

First name(s)

Date of birth		Hebrew name of child					
Full postal address		Home telephone number					
Please detail below any siblings that are already at Brodetsky Primary School and which year group they are in.							
1. Sibling Name	Year Group:	2. Sibling Name		Year Group:			
3. Sibling Name	Year Group:	4. Sibling Name		Year Group:			
How often in the past 6 months have you, your child, or siblings of your child attended a Jewish educational activity (e.g. adult education course, school, nursery, synagogue activities) prior to this application?							
Please tick relevan	Please tick relevant box: If yes, please specify:						
☐ At least six occasions in the past 6 months (3 points)							
☐ At least three occasions in the past 6 months (2 points)							
□ Once in the past 6 months (1 point)							
□ Never (0 points)							
Verification of above by relevant and authorised person				Stamp of organisation			
Signed:							
	N	ame of person:					
Date:	Position in organisation:						
Address: Postcode:							

2 Do you have a Mezuzan anixed	2 Do you have a Mezuzah affixed to the front door of your home?				
Please tick relevant box	Please tick relevant box				
□ Yes (2 points)					
□ No (0 points)	□ No (0 points)				
3 How often have you or the child attended synagogue services (including those for children) in the past 6 months? Please tick one box only					
Please tick relevant box:	Please tick relevant box:				
☐ At least twice per month plus H	☐ At least twice per month plus High Holydays** (3 points)				
☐ At least once a month plus Hig	☐ At least once a month plus High Holydays** (2 points)				
☐ High Holydays** only (1 point)					
□ Never (0 points)	□ Never (0 points)				
** Attendance on High Holydays must be on two occasions over Rosh Hashanah and Yom Kippur.					
In the event of exceptional circumstances preventing attendance, please note these circumstances on an additional sheet of paper and attach.					
Declaration by Rabbonim/Clergy		Stamp of			
-	vledge and belief the information in Q3 is correct	Stamp of organisation			
-	vledge and belief the information in Q3 is correct Name of Rabbi:	<u>-</u>			
I confirm that to the best of my know	Name of Rabbi:	<u>-</u>			
I confirm that to the best of my know		<u>-</u>			
I confirm that to the best of my know Signed:	Name of Rabbi:	<u>-</u>			
I confirm that to the best of my know Signed: Date: Address:	Name of Rabbi: Synagogue: Post code: have you acted in a volunteer capacity (giving your time) in	organisation			
I confirm that to the best of my know Signed: Date: Address:	Name of Rabbi: Synagogue: Post code: have you acted in a volunteer capacity (giving your time) in	any Jewish communal,			
I confirm that to the best of my know Signed: Date: Address: 4 Prior to the date of application educational, charitable or welfare	Name of Rabbi: Synagogue: Post code: have you acted in a volunteer capacity (giving your time) in activity? If yes, please spe	any Jewish communal,			
I confirm that to the best of my know Signed: Date: Address: 4 Prior to the date of application educational, charitable or welfare Please tick relevant box:	Name of Rabbi: Synagogue: Post code: have you acted in a volunteer capacity (giving your time) in activity? If yes, please spenset 3 months (3 points)	any Jewish communal,			
I confirm that to the best of my know Signed: Date: Address: 4 Prior to the date of application educational, charitable or welfare Please tick relevant box: At least six occasions in the page	Name of Rabbi: Synagogue: Post code: have you acted in a volunteer capacity (giving your time) in a activity? If yes, please spenst 3 months (3 points) past 3 months (2 points)	any Jewish communal,			

Declaration by organisation	1	Stamp of
I confirm that to the best of my	organisation	
Signed:	Name:	
Date:	Position in organisation:	
Address:	Post code:	
Parent/carer declaration	I can confirm that all the information in Q1 – Q4 is correct	

Parent/carer declaration	I can confirm that all the information in Q1 – Q4 is correct						
Signed:	Date						
For office use only		Q1 /	Q2 /	Q3 /	Q4 /	Total	
Date received:							
Child meets Practice Thresho	old: Yes / No						

In the event that it is discovered that a parent 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 incorrect information, the School may withdraw the offer. Note that 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