Brodetsky Primary School Supplementary Information Form For those applying for entry in September 2025

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 31.01.2025. 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	lame of person:				
Date:	te: Position in organisation:					
Address: Postcode:						

	2 Do you have a Mezuzah affixed to the front door of your home?			
Please tick relevant box				
□ Yes (2 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:				
☐ At least twice per month plus High Holydays** (3 points)				
☐ At least once a month plus High Holydays** (2 points)				
☐ High Holydays** only (1 point)				
□ 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	Declaration by Rabbonim/Clergy Stamp of			
I confirm that to the best of my knowledge and belief the information in Q3 is correct				
T commit that to the best of my knowled		organisation		
Signed:	Name of Rabbi:	organisation		
Signed:		organisation		
	Name of Rabbi: Synagogue:	organisation		
Signed:		organisation		
Signed: Date: Address:	Synagogue: Post code: ave you acted in a volunteer capacity (giving your time) in any Jew			
Signed: Date: Address: 4 Prior to the date of application h	Synagogue: Post code: ave you acted in a volunteer capacity (giving your time) in any Jew			
Signed: Date: Address: 4 Prior to the date of application heducational, charitable or welfare a	Synagogue: Post code: ave you acted in a volunteer capacity (giving your time) in any Jew ctivity? If yes, please specify:			
Signed: Date: Address: 4 Prior to the date of application heducational, charitable or welfare a Please tick relevant box:	Synagogue: Post code: ave you acted in a volunteer capacity (giving your time) in any Jew activity? If yes, please specify:			
Signed: Date: Address: 4 Prior to the date of application heducational, charitable or welfare a Please tick relevant box: At least six occasions in the pass	Synagogue: Post code: ave you acted in a volunteer capacity (giving your time) in any Jew ctivity? If yes, please specify: t 3 months (3 points) ast 3 months (2 points)			

I confirm that to the best of r	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:		V V	
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