



Certificate of Religious Practice for Application for Entry in September 2021 to Rosh Pinah Primary School Nursery

Nursery Certificate of Religious Practice (CRP) 2021/22

UPDATED 9 SEPTEMBER 2020

**NB. We recognise that the collection of signatures may be difficult this year,
but reserve the right to seek confirmation.**

Surname of Child

First Name(s)

Hebrew name.....

Full Postal Address

Post code.....

Home/mobile phone number.....

Is your child a sibling (as defined in the school's admission arrangements) of a pupil who has previously established faith eligibility for admission into the Jewish school for which you are applying?

Please tick one box only Yes No

Name of sibling/s.....

Year/s of CRP completion.....

**If Yes, there is no need for you to fill in sections 1-4 of the CRP form.
Please go to Section 5 to sign and complete the form.**

Either 2 or 4 points are needed to fulfil the requirements of the oversubscription criteria. There is no advantage in achieving more than 4 points.

SECTION 1. Between 1 July 2020 and 15 January 2021

How many times have the child and you or the child's other parent/guardian attended internet-based synagogue services on Friday evenings (*Kabbalat Shabbat*) or the eve of festivals? Online participation **must not** be on *Shabbat* or *Chagim*.

Please tick one box only At least 4 times (2 pts) Less than 4 times (0 pt)

Please list the online attendances:

Date: Host organisation: Officiant or leader

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SECTION 2. Between 1 November 2019 and 15 January 2021:

Have you, the child's other parent/guardian or the child participated in Jewish educational activities (e.g. nursery or Jewish adult education) on at least **six** occasions?

Please tick one box only

Yes (2 points)

No (0 points)

If **Yes** please specify activities (e.g. nursery) and frequency.....

Declaration by Headteacher/Teacher/Course Leader/tutor:

I confirm that to the best of my knowledge and belief the information in Section 2 is correct

Signature		Name and position of signatory	
Date		Address of signatory	
Name of Course/ Institution/School etc		Postcode	

SECTION 3. Between 1 November 2018 and 15 January 2021:

Have you or the child's other parent/guardian participated in a voluntary capacity in a Jewish communal, charitable or welfare activity on at least 12 occasions?

Please tick relevant box

Yes (2 points)

No (0 points)

If **Yes**, please specify name of organisation and give a brief description:

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.....

.....

Declaration by Jewish Communal/Charitable/Welfare Organisation:

I confirm that to the best of my knowledge and belief the information in Section 3 is correct

Signature		Name and position of signatory	
Date		Address of signatory	
Name and Address of Organisation		Postcode	

Notes: If these 12 occasions have included more than one organisation, please attach further declaration(s) to this form. For example, a non-exhaustive list of some volunteering opportunities can be found on www.theus.org.uk



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SECTION 4: During August and September 2020:

Have you or the child's other parent/guardian completed any Office of the Chief Rabbi approved United Synagogue online course?

This course has been specifically designed for admission to schools whose religious authority is the United Synagogue or Office of the Chief Rabbi for September 2021 only. Applicants who wish to establish faith priority to these schools can choose to accumulate the CRP in any way they wish, but given the difficulties in attending synagogue due to the Covid 19 crisis, this course has been designed for those who might have difficulty accumulating points for the CRP in other ways. The sessions are, of course, open to all applicants.

The course will consist of 6 sessions of 30 minutes, covering topics relevant to Jewish customs and practices, festivals, kashrut, etc. All of them need to be completed in order to satisfy this section. Courses will run in August and September 2020 and further details on how to participate will be available from 31st July 2020 on www.theus.org.uk. Families for whom online access presents difficulties are asked to call 020 8343 5656 for more information.

Please tick relevant box

Yes (2 points)

No (0 points)

Declaration by United Synagogue

I confirm that the above named person took part in the approved United Synagogue courses.

Signature		Name of course leader	
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SECTION 5. Parent's / Guardian's declaration

I confirm that all the information provided is correct

Signed.....

Date

For School use only

Date received

Name (please print..... Mother/Father/ Guardian

Total number of points.....

Child meets Practice Threshold: YES / NO