



HASMONEAN PRIMARY SCHOOL

Application & Supplementary Information Form (SIF)

The purpose of this form is to allow the school to fairly & accurately offer places in the event of oversubscription, according to the published Admission Criteria in place at the time of application.

None of the information requested on the Hasmonean Primary School Supplementary Information Form is mandatory. However, failure to provide this information may inhibit the school's ability to determine whether sufficient grounds of priority have been demonstrated. Please PRINT CLEARLY

PUPIL'S DETAILS	HOME ADDRESS
Legal Surname:
Forenames: (as per birth certificate)
Hebrew Name:	Post code:
Known Name (if different)	Tel.No.(Home).....
Date of Birth:Gender M/F	Email (mum)
Applying for entry in year group :.....	Email (dad).....
Preferred calendar year of entry:	

Please give details of the person or persons who have **legal responsibility** for this student. Note that **only one person** with legal responsibility is required to complete this form. **PLEASE SEND THE COMPLETED FORM TO THE SCHOOL ADMINISTRATOR TOGETHER WITH a copy of the child's birth certificate**

Father / GUARDIAN 1	Mother / GUARDIAN 2
Surname:Title:	Maiden name:Title:
Forename:	Forename:
Home address: (if different from above)	Home address: (if different from above)
Postcode:Tel (Home)	Postcode:Tel (Home)
Tel (Mob)	Tel (Mob)
Daytime/Work Tel:	Daytime/Work Tel:
Contact Priority Number:	Contact Priority Number:
Work email (if allowed)	Work email (if allowed)

Other Emergency contact 1

Surname: Title

Forename:

Home address:

.....

.....

Post Code: Home Tel:

Daytime Tel: Contact Priority
Number:

Relationship:

Other Emergency contact 2

Surname: Title

Forename:

Home address:

.....

.....

Post Code: Home Tel:

Daytime Tel: Contact Priority
Number:

Relationship:

Other Information

Does your child have a Statement of Special Educational Needs?
Yes [] No []

Does your child have any other special needs?
Yes [] No []

If yes, please specify:

.....

.....

Medical Information

Name of Doctor:

Address of Practice:

.....

Phone no. of Practice.....

Medical conditions, (specify) eg allergies, asthma, permanent medication etc:
.....

.....

Educational History of Prospective Pupil

<u>School</u>	<u>Date of joining</u>	<u>Date of leaving</u>
.....
.....

Siblings: Please provide full details of **all** siblings.

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Current school</u>	<u>Previous schools</u>
.....
.....
.....

HASMONEAN PRIMARY SCHOOL
Pupil Ethnicity and Language

The school is required to collect the following information for the DfES for use in government statistics. It will not be used to discriminate or in any way affect your application to the school.

Pupil's name:

Please study the list below and tick **one box** only to indicate the ethnic background; language your son/daughter speaks at home mostly. Please also tick the box to indicate whether the form was filled in by a parent or pupil.

ETHNICITY

LANGUAGE

(Most commonly used at home)

.....

Please tick one box only

Please tick as many as apply

WHITE

- British
- English
- Scottish
- Welsh
- Irish
- Other White
- White Eastern European
- White Western European

	Read	Write	Speak
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hebrew/Ivrit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Other Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANY OTHER ETHNIC GROUP

- Other ethnic group

*(Please specify)

Please specify.....

This information was provided by

- Parent
- Pupil

Thank you for your co-operation.

To the best of our knowledge all the above information is correct.

Signature of Mother/Guardian: **Date:**

Signature of Father/Guardian: **Date:**

PARENTS

Section 1

Synagogue attended regularly:

Name of the Rabbi:

His address:
.....

Post Code: His email address (if known).....

The name and telephone number of a Rabbi who knows you and your family well, if different from above:

Name of the Rabbi:

His address:
.....

Post Code: His email address (if known).....

As a Voluntary Aided Faith School, and in accordance with the School Admissions Code (as amended from time to time), we prioritise children of the Orthodox Jewish Faith. This is assessed in terms of observance of Sabbath and Holy Days, adherence to the Dietary Laws and observance of Orthodox Jewish Laws, and practices, including active participation in an Orthodox synagogue.

An orthodox Synagogue is defined as a member Synagogue of the United Hebrew Orthodox Union, the United Synagogue or Federation of Synagogues or Synagogues recognised by the Rabbis of the JSSM as having similar orthodox standards.

We therefore request Applicants to provide confirmation of the following which should be considered together with the guidance provided below:

- a. You and your family fully observe Shabbos and Yomim Tovim: Yes [] No []
- b. You and your family adhere to the Laws of Kashrus at all times: Yes [] No []
- c. You and your family attend an orthodox Synagogue and participate in its activities and programmes:
Yes [] No []

By "fully observe Shabbos and Yomim Tovim" reference is made to observing the rituals of the holy days and refraining from all work and weekday activities including driving, cooking (on Shabbos) and the use of electronic devices and telephones

By "Laws of Kashrus" reference is made to the United Synagogue website <http://www.theus.org.uk/category/learn-about-kosher>. By responding "yes" to this question, the expectation is that a kosher kitchen is kept at home and all food eaten at home and out of the home is kosher.

“Active participation in Synagogue life” is intended to mean that the family attend Synagogue services at least 3 times a week, attend children services on Shabbos on a regular basis, attend Synagogue *shiurim* and/or other Synagogue communal activities, are members of Synagogue committees or communal programmes.

Please provide examples. Out of these 6 categories, examples of at least 4 are required:

.....

.....

.....

.....

.....

.....

.....

Please refer to our published Admissions Policy and indicate whether any of the Oversubscription Criteria are relevant to your application: *(i.e. if the applicant has any sibling(s) at the HPS or Main Nursery at the time of admission or who formerly attended the school for at least three consecutive terms within the period of two years before the date of entry. For these purposes “siblings” shall include half-siblings, step-siblings and adopted siblings who are Orthodox Jewish children and who are living at the same address or anything else referred to in the Admissions Policy)*

.....

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.....

Please note: Places will be allocated in reliance 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 strength of information that was not accurate, the place may be withdrawn.

To the best of our knowledge all the above information is correct (only one signature required).

Signature of Parent/Guardian: **Date:**

PLEASE SEND THE COMPLETED INFORMATION FORM TO THE SCHOOL ADMINISTRATOR

If the offer of a place at Hasmonean Primary School is made, the school may request further information from you in order to ensure that it is able to meet its statutory obligations.

To be completed by Rabbi (Mandatory)

Dear Rabbi,

Due to the current Code of Practice with regards to the admissions process for Faith Schools, we are requesting your help in assessing the suitability of the above mentioned Applicant for a place at our School. As part of the application process we have asked the family for the name of their synagogue Rabbi or a Rabbi that knows them well.

Hasmonean Ethos Statement

The ethos of the school is based unambiguously on the Principles of Orthodox Judaism. At the core of those principles is a recognition that both the written and oral Torah are Divine. The principles are enshrined in the Shulchan Aruch, the Code of Jewish Law, and its commentaries, which delineate the laws, customs and values of an Orthodox Jewish lifestyle.

The school in particular places special value on:

- a. Motivating pupils to engage in continual Torah study*
- b. Derech Eretz – respect for others, both within the School continuity and in the outside world.*
- c. Integrity in all aspects of behaviour.*

The School is apolitical with respect to issues in the community, in general society, and in relation to Israel.

Could you please answer the following questions as fully as possible:

1. How long have you known this family?
2. In what capacity do you know this family?.....
3. Is this family active in their synagogue – please see the definition provided above ? **Yes / No / Unsure**

If yes, please give examples:.....

I confirm that, to the best of my knowledge the above information is a correct and accurate assessment of the child and his/her family.

Name of Rabbi:.....Signature:.....

Synagogue / Communal Institution (**please include official stamp at the bottom of this page**):
..... Date:

Address:.....

Post code:..... Contact Number:.....

May I take this opportunity of thanking you for your time and assistance in this matter.

Please return this form to: **Admissions Officer, Hasmonean Primary School, 8-10 Shirehall Lane, London NW4 2PD**