

Certificate of Religious Practice

(PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS)

For entry to Immanuel College Senior School, year group: _____ in Month: _____ Year: _____

A parent/guardian must complete this form and take it to the person referred to in each section. The form should be returned to the College with the application form. The relevant person may decline to sign this form where your child is not personally known to him/her that person cannot vouch for your child's attendance. Your child will be required to achieve 4 points. If this has been achieved after completing Section 1, Sections 2 and 3 need not be completed.

Surname:	First name(s) in full:
Date of Birth:	Hebrew Name of Child:

1. Synagogue Attendance

During the preceding year, how often has your child attended synagogue services (including those for children), either on Friday night or Shabbat? (please tick one box only)

- At least three times or more per month (4 points) Less frequently than twice per month (0 points)
 At least twice per month (2 points)

Authorised Official's Declaration

I confirm to the best of my knowledge and belief the information in Section 1 is correct.

Signed: _____ Name of Authorised Official: _____
Date: _____ Address: _____
Synagogue _____ Postcode: _____

2. Formal Jewish Education

Prior to the date of application, has your child been engaged in formal Jewish education (either provided at a Jewish Nursery, playgroup, Primary or Secondary School or at a cheder within a synagogue, or equivalent, or tutor) for at least one year?

- Yes (4 points) No (0 points)

If yes, please specify the name of the playgroup, cheder, school etc: _____

Jewish School/Cheder/Head Teacher/Tutor Declaration

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

Signed: _____ Name: _____
Date: _____ Address: _____
Position: _____ Postcode: _____

3. Jewish Communal Charitable Work

Prior to the date of application, have you or your child acted in a voluntary capacity in any Jewish communal, charitable for welfare activity?

- Yes (4 points) No (0 points)

If yes, please specify the name of the playgroup, cheder, school etc: _____

Jewish Communal/Charitable/Welfare Organisation

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

Signed: _____ Name: _____
Date: _____ Address: _____
Position: _____ Postcode: _____

Parent/Guardian Declaration

I confirm that the above information is correct.

Signed: _____ Date: _____
(Parent/Guardian)



The Charles Kalms - Henry Ronson
Immanuel College

HMC Independent Jewish Day School for Children aged 4-18

Academic Excellence HMC
Expert Pastoral Care
Inspiring Jewish Education



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