



INDEPENDENT JEWISH DAY SCHOOL

an ACADEMY

Head Teacher
Mrs Jodi Schajer NPQH PGCE BA Hons

SCHOOL APPLICATION FORM

Please return this form to the School. The school reserves the right to verify the accuracy of the information provided below and if it is subsequently transpires that a place has been offered on the strength of information that was not accurate the place may be withdrawn.

Please note that a place in the Gan does not automatically guarantee a place in the School.

Last name [CAPITAL LETTERS]:	
Child's first name(s) in full:	
Known as:	
Date of Birth	
<i>Please enclose a copy of the short form birth certificate</i>	

Class applying for (please ✓tick relevant one):			
<input type="checkbox"/> Gan [Nursery]	<input type="checkbox"/> Hachana [Reception]	<input type="checkbox"/> Aleph [Year 1]	<input type="checkbox"/> Bet [Year 2]
<input type="checkbox"/> Gimmel [Year 3]	<input type="checkbox"/> Daled [Year 4]	<input type="checkbox"/> Heh [Year 5]	<input type="checkbox"/> Vav [Year 6]

Name(s) of Parents or Guardians:	Contact numbers:
Home Address:	Contact email address:
Postcode:	Name of siblings in the school:

כי נר מצוה ותורה אור

Principal Rabbi Eliezer Zobin M.A.

46 Green Lane, Hendon, London NW4 2AH Tel: 020 8203 2299 Email: office@ijds.co.uk Site: www.ijds.co.uk

Charity number 287148; Company number 7718480



I apply for the admission of my child to Independent Jewish Day School.

Signature of Parent or Guardian: _____ Date: _____

No application will be accepted unless accompanied by a short form birth certificate.
Please enclose a stamped self addressed envelope if you wish to receive an acknowledgement.

The Independent Jewish Day School acknowledges receipt of the application

Child's name: DoB:

Signed on behalf of IJDS: Date: