## Certificate of Religious Practice (CRP) for Application for Entry to Lubavitch Senior Girls' School Under the Religious Authority of the Union of Orthodox Hebrew Congregation



## PLEASE ENSURE THAT ALL RELEVANT PARTS OF THE FORM ARE COMPLETED AND SIGNED

- 1. A completed copy of this form should be sent to the school no later than 8th January 2020.
- 2. If the form is not received in time, it may not be possible to treat the child as a priority applicant.
- 3. In order to obtain points in section 1, the parent/guardian must <u>register</u> the child, in advance of attendance, at the synagogue(s) which they propose to attend.
- 4. In order to obtain points in sections 2 and 3, the parent/guardian must complete this form and take, or send, it to the person(s) referred to in those sections.
- 5. The school cannot consider a CRP which does not have the required declarations and it is the responsibility of the parent/guardian to approach the relevant person(s).
- 6. The relevant person(s) may decline to sign this form where the parent/guardian or the child is not personally known to them and/or cannot vouch for the parent/guardian or the child.
- 7. To be considered a priority applicant, the parent(s)/guardian(s) or child will be required to achieve a minimum of **FOUR (4) points** on behalf of the child.
- 8. Having achieved FOUR (4) points, there is NO benefit in obtaining MORE points.
- 9. Parent(s)/guardian(s) are advised to keep a copy of the completed form and supporting documents.

Child's surname	Child's first name(s)
Date of birth	Child's Hebrew name
Full postal address	Parent/Guardian Contact Telephone Number

1. Since 1 May 2019, how many times have you, the child's other parent/guardian, or the child attended Shabbat mornin	g
synagogue religious services (excluding any Shabbat which is also a Yomtov, e.g. Yom Kippur)?	
Dates of Challet attendance need to be verified by the Dalbi or outhorized official of the symptogue ettended, either by	

Dates of Shabbat attendance need to be verified by the Rabbi or authorised official of the	synagogue attended, either by
completing the declaration below or by attaching a signed letter. Please tick <b>one</b> box only	

☐ At least 8 times (4 points) ☐ At least 4 times (2 points) ☐ Fewer than 4 times (0 points)
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Note: Families will **not** receive points for simply arriving on the premises. Synagogues are empowered and are required to decline to record attendance on that basis.

## Dates that are eligible for recording attendance at Shabbat morning synagogue services for 2020:

2 May	13 June	25 July	5 September	17 October	28 November
9 May	20 June	1 August	12 September	24 October	5 December
16 May	27 June	8 August	19 September	31 October	12 December
23 May	4 July	15 August	26 September	7 November	19 December
30 May	11 July	22 August	3 October	14 November	26 December
6 June	18 July	29 August	10 October	21 November	2 January 2020

Note: For late or in-year applications, arrangements for registering and recording attendance at Shabbat morning religious services should be made with your synagogue.

## **Declaration by Rabbi/Authorised Official:**

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

Signature	Name and position of signatory	
Date	Address of signatory	

education, cheder, school, nu any Shabbat or Yomtov)?			n Jewish educational activities (e.g. Jewish adult onths prior to application (excluding August and
Please tick relevant box  ☐ Yes (2 points)  ☐ No (0 points) If yes, pleas	e specify activities, venue a	and frequency:	
Declaration by Headteacher/Teach	her/Course Leader:		
I confirm that to the best of my know	wledge and belief the information	mation in Section 2 is correct	
Signature		Name and position of signatory	
Date		Address of signatory	
Name of Course/Institution		Postcode	
activity on at least 12 occasion	ons within the last two yea	ars?	acity in a Jewish communal, charitable or welfare
Please tick relevant box $\square$ If yes, please specify name of organ		No (0 points) scription:	
D. J. C. L. J. G	//Cl '4 - 1.1 / NV - 16 O		
<b>Declaration by Jewish Communal</b> I confirm that to the best of my know			
Signature		Name and position of signatory	
Date		Address of signatory	
Name and Address of Organisation		Postcode	
4. Parent's/Guardian's Declar: I confirm that the above infort			
Signature Signature	indion is correct	Name	
Date		Father/Mother/Guardian	
Notes In the event that it is discovered incorrect, this may result in the refubasis of incorrect information, the State child for whom this application	usal of the School to offer of School may withdraw the of	a place to the child. If a place ffer For the avoidance of doub	has already been offered on the , this form does not confirm that
Ear Calcal are sails			
For School use only  Date received		Total number of points	
Child meets practice 1 threshol		YES / NO	