

**Certificate of Religious Practice (CRP) to Support an  
Application for a Priority Place at a Nursery or Primary School  
Under the Religious Authority of the Office of the Chief Rabbi of the United Hebrew  
Congregations and the Commonwealth  
For Entry in September 2027**

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

- 1 A completed and valid copy of this form should be sent to the school no later than **9<sup>th</sup> January 2027**.
- 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 **register** the child **at least two days in advance** of attendance at the synagogue(s) which they propose to attend – preferably by email or online (see synagogue website).
- 4 In order to obtain points in sections 2 and 3, it is the responsibility of the parent/guardian to complete this form and take, or send, it to the person(s) referred to in those sections in order to have it validated.
- 5 The school will not consider a CRP to be complete and valid if it does not contain the required declarations.
- 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 **FOUR (4) points** on behalf of the child.
- 8 **Although there is NO benefit in obtaining MORE than FOUR (4) points, it is hoped that families will continue with the various activities in which they have become involved.**
- 9 The completed and valid CRP may be used **at any time** when applying for a place in a primary school. Parent(s)/guardian(s) are advised to keep a copy of the completed form and supporting documents.
- 10 A completed CRP 2027 may be used for 2028 applications.
- 11 Please note that, in addition to the dates, criteria for the CRP for entry in September 2028 may change.

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

**1 Since 1 May 2026, how many times have you, the child's other parent/guardian, or the child attended Shabbat morning synagogue religious services or Friday night synagogue services?**

Dates of Shabbat attendance need to be verified by the Rabbi or authorised official of the synagogue attended, either by attaching a signed letter or by completing the declaration below. Indication of the dates of attendance should be included in both options.

Please tick **one** box only

- ☐ At least 6 times (4 points)
 ☐ At least 3 times (2 points)
 ☐ Fewer than 3 times (0 points)

*Note: Simon Marks Jewish Primary School is under the religious authority of the Office of the Chief Rabbi (OCR) but accepts synagogue attendance records ratified by Rabbis/officials of synagogue movements other than The United Synagogue. Some synagogues may only verify attendances on either Friday night or Shabbat morning. Please check with your individual synagogue to ensure you comply with their procedure. 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 from 1<sup>st</sup> May 2026:**

| 2026       |            |                   |                 |                | 2027          |
|------------|------------|-------------------|-----------------|----------------|---------------|
| 01/02 May  | 12/13 June | 31/01 July/August | 18/19 September | 06/07 November |               |
| 08/09 May  | 19/20 June | 07/08 August      | 25/26 September | 13/14 November |               |
| 15/16 May  | 26/27 June | 14/15 August      | 02/03 October   | 20/21 November | 01/02 January |
| 22/23 May  | 03/04 July | 21/22 August      | 09/10 October   | 27/28 November |               |
| 29/30 May  | 10/11 July | 28/29 August      | 16/17 October   | 04/05 December |               |
| 05/06 June | 17/18 July | 04/05 September   | 23/24 October   | 11/12 December |               |
|            | 24/25 July | 11/12 September   | 30/31 October   | 18/19 December |               |
|            |            |                   |                 | 25/26 December |               |

*Note: For late or in-year applications, arrangements for registering and recording attendance at Shabbat 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           |  |

**If you have gained your 4 points in Section 1, please proceed to Section 4 overleaf**

- 2 Have you, the child's other parent/guardian or the child participated in Jewish educational activities (eg Jewish adult education, cheder, school, nursery, playgroup) at least once per month in the six months prior to application (excluding August and any Shabbat or Yomtov)?**

Please tick relevant box

☐ Yes (2 points)

☐ No (0 points)

If yes, please specify activities, venue and frequency:

.....

.....

.....

**Declaration by Headteacher/Teacher/Course Leader:**

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/<br>Institution |  | Postcode                       |  |

- 3 Have you or the child's other parent/guardian participated in an unpaid voluntary capacity in a Jewish communal, charitable or welfare activity on at least 12 occasions within the last two years?**

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. A non-exhaustive list of welfare and charitable volunteering opportunities can be found on the United Synagogue's website: [www.theus.org.uk](http://www.theus.org.uk)*

*Other synagogues will provide their own guidance.*

**4 Parent's/Guardian's Declaration**

I confirm that the above information is correct.

|           |  |                            |  |
|-----------|--|----------------------------|--|
| Signature |  | Name                       |  |
| Date      |  | Father/Mother/<br>Guardian |  |

*Notes: In the event that it is discovered that a parent/guardian has submitted information above which is later found to be incorrect, this may result in the refusal of the School to offer a place to the child. If a place has already been offered on the basis of incorrect information, the School may withdraw the offer.*

*For the avoidance of doubt, this form does not confirm that the child for whom this application is made is Jewish in accordance with orthodox Jewish law.*

**For School use only**

|                                |  |                        |  |
|--------------------------------|--|------------------------|--|
| Date received                  |  | Total number of points |  |
| Child meets practice threshold |  | YES / NO               |  |