

# Broughton Jewish Primary School

# School Supplementary Information Form (SIF)

Thank you for applying to Broughton Jewish Cassel Fox Primary (“BJCFPS”).

The BJCFPS oversubscription criteria give priority to families who meet the religious criteria of the school over those who do not. If you wish to claim priority based on the religious criteria you must complete this SIF honestly and accurately and ensure it is signed by a parent/guardian and also the Rabbi of an Orthodox Jewish synagogue.

For those that meet the religious criteria, our Admissions Policy also gives priority to certain other groups, and these are covered in Section B below.



The following information does not form part of the SIF and will not affect your application but will help us to process your form if there are any questions. You are not required to complete it.

Child's date of birth..................................................................................................................

Contact telephone number......................................................................................................

Email.........................................................................................................................................

# Scoring

To qualify for priority admission based on the faith-based criteria, you must:

1. be able to answer questions in Section A below positively;
2. obtain a reference in the form set out at Annex 1 from your Rabbi, who must be the Rabbi of an Orthodox Jewish synagogue.

# Important notes:

1. If you are a single parent or guardian you need only answer the questions applicable to you. If you are married, your answer to each question must cover (and will be treated as taking account of) both yourself and your spouse.
2. In this document, any reference to “Jewish law” means such law as is codified in the

*Shulchan Aruch* (the Code of Jewish Law) and the Orthodox commentaries thereon.

Section A - **Religious requirements**

1. ***Kashrus***

## Answer Yes/No

|  |  |
| --- | --- |
| Do you eat only kosher food (as defined by a recognised Orthodox Kashrus Authority)? |  |
| Do you eat only in restaurants that are supervised by a recognised Orthodox Kashrus Authority (this question does not apply to drinks)? |  |

1. ***Shabbos***

|  |  |
| --- | --- |
| Do you observe the *halachos* of Shabbos as in accordance with Jewish Law? |  |

***3.Tznius***

|  |  |
| --- | --- |
| For men: Do you keep your head covered (except in circumstances where Jewish Law does not require this)? |  |
| For women: On school premises will you only wear skirts or dresses which cover the knee and tops which cover the elbow? |  |

1. ***Tefilla***

|  |  |
| --- | --- |
| For men: Do you *daven* three times a day, wherever possible with *minyan*? |  |
| For women: Do you, where possible, commit time to prayer in accordance with Jewish law? |  |

1. ***Talmud Torah***

|  |  |
| --- | --- |
| For men: Where possible, do you incorporate learning into your daily schedule (e.g. *chavrusa*, formal *shiur*, *daf hayomi*, or independent learning)? |  |
| For women: Where possible, do you incorporate learning into your weekly schedule? |  |

Section B — **Other priority criteria**

*Yes/No*

|  |  |
| --- | --- |
| 1. Does the child have a sibling who is attending the school now and will be attending the school at time of admission? If so, please provide details below  Name..............................................................Current year group................................... |  |

# Declaration by Parent/Guardian

I have read the BJCFPS Admissions Policy and I understand the admissions criteria for entry to BJCFPS. I wish my child/the child under my guardianship to be considered for a place at BJCFPS and declare that the information I will provide is true and correct in every detail. I understand that if it comes to light that a place at the school has been offered on the basis of incorrect or inaccurate information, that offer may be withdrawn.

Signature ..................................................................................................................................

Print Name ......................................................................................................................................

Date..........................................................................................................................................

Child'sname.....................................................................................................................................

Requested date of entry to school ...................................................................................................

# Annex 1: Reference from your Rabbi: instructions to parents/guardians

Please give the whole form to a Rabbi of an Orthodox Jewish synagogue (or two Rabbis of an Orthodox Jewish synagogue— see footnote) who can complete the reference below for you/your family.

The completed form, together with the Rabbi’s reference, should be sent to:

Chair of Admissions Committee, Broughton Jewish Primary School, Legh Road Salford M7 4RT

# Reference from the family/guardian’s Rabbi

Dear Rabbi

Thank you for agreeing to complete this reference.

Please read the completed Supplementary Information Form (SIF) and then complete the declaration below.

We sincerely appreciate your assistance with this. Chair of Admissions Committee

Broughton Jewish Primary School

# Rabbi’s Declaration

I confirm that:

1. I have known the family for [ ] years\*; and
2. to the best of my knowledge and belief, the information provided by the family/guardian in section 1 of this form, to the extent that it is publicly observable, is correct.

Child's name................................................................................................................................

Name of Rabbi (please print): ....................................................................................................

Postal address: ............................................................................................................................

Telephone number:....................................................................................................................

Signature: ...................................................................................................................................

Date: ...........................................................................................................................................

\*Please *insert the number of years you have known the parent(s)/guardian in question. If the period is less than two years, a similar declaration will be required from a second Rabbi.*

*Please note that other parent(s)/guardians who may be known to their Rabbi for a longer period will gain no advantage over those for whom the acquaintance is shorter, since the purpose here is merely to ascertain that the period of acquaintance is sufficient to form a reasonable basis for the Rabbi’s confirmation.*