## 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 2026

## 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 2026.
- 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 **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 2026 may be used for 2027 applications.

Date

Child's surname			Child's first name(s)		
Date of birth			Child's Hebrew name	;	
Full postal addres	SS		Parent's/Guardian's N and Telephone Numb		
<b>synagogue</b> Dates of Sh	religious services or Fra abbat attendance need to	s have you, the child's otliday night synagogue serve be verified by the Rabbi occlaration below. Indication	vices? r authorised official of th	e synagogue attended, e	either by attaching a
Please tick	one box only at 6 times (4 points)	☐ At least 3 times (		wer than 3 times (0 poi	-
attendanc only verif comply w are requi	e records ratified by Raby y attendances on either H ith their procedure. Fam red to decline to record o	ool is under the religious a bbis/officials of synagogue Friday night or Shabbat mo ilies will <b>not</b> receive points ttendance on that basis. endance at Shabbat morn	movements other than The orning. Please check with for simply arriving on th	ne United Synagogue. So your individual synago ne premises. Synagogue	ome synagogues may gue to ensure you
2025	13/14 June	1/2 August	19/20 September	7/8 November	2026
2/3 May	20/21 June	8/9 August	26/27 September	14/15 November	
09/10 May	27/28 June	15/16 August	3/4 October	21/22 November	2/3 January
16/17 May	4/5 July	22/23 August	10/11 October	28/29 November	
23/24 May	11/12 July	29/30 August	17/18 October	5/6 December	
30/31 May	18/19 July	5/6 September	24/25 October	12/13 December	
6/7 June	25/26 July	12/13 September	31/01 October November	19/20 December 26/27 December	
your synagogue. <b>Declaration by I</b>	Rabbi/Authorised Offici	rrangements for registering  al:  and belief the information	g and recording attendar		should be made with
Signature			Name and position of	,	

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

Address of signatory

Please tick relevant box	Yes (2 points)	□ No (0 points)	
If yes, please specify ac	ctivities, venue and frequency:		
Declaration by Headteacher I confirm that to the best of n	r/Teacher/Course Leader:  ny knowledge and belief the informa	ation in Section 2 is correct	
Signature		Name and position of	
		signatory	
Date		Address of signatory	
Name of Course/		Postcode	
Institution		Tosteode	
	's other parent/guardian participa at least 12 occasions within the las		ty in a Jewish communal, charitable
Please tick relevant box		□ No (0 points)	
If yes, please specify na	ame of organisation and give a brief		
	munal/Charitable/Welfare Organ		
confirm that to the best of n	ny knowledge and belief the informa	ation in Section 3 is correct	
Signature			
O		Name and position of	
- G		Name and position of signatory	
		signatory	
Date		Address of signatory	
Date *Name and Address of		signatory	
Date *Name and Address of		Address of signatory	
Date *Name and Address of Organisation	have included more than one organ	Address of signatory  Postcode	ation(s) to this form. A non-arhaustive
Date *Name and Address of Organisation  Notes: If these 12 occasions		signatory  Address of signatory  Postcode  isation, please attach further declare	ation(s) to this form. A non-exhaustive bsite;www.theus.org.uk
Date *Name and Address of Organisation  Notes: If these 12 occasions list of welfare and charitable	volunteering opportunities can be fo	Address of signatory  Postcode	
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