



Hillside Avenue
Borehamwod
Hertfordshire
WD6 1HL
020 8736 5580

YAVNEH COLLEGE

A Voluntary Aided School
Hertfordshire Local Authority

SIXTH FORM

September 2010

Supplementary Information Form

1. All parents or carers seeking a place for their son or daughter at Yavneh College Sixth Form in September 2010 must complete this supplementary information form (SIF). Without a completed SIF, we cannot apply our over-subscription criteria correctly and will not be able to give the priority consideration which might be applicable. Closing date for application: 4th December 2009.

2. Please find enclosed with this SIF the Yavneh College Certificate of Religious Practice which must be completed and submitted together with this SIF as part of the application process in order to determine whether or not an applicant meets the Religious Practice requirements of Yavneh College.

Please include either a sae or email the school office (admin@yavnehcollege.herts.sch.uk) for receipt of this form to be acknowledged.



This form must be completed in black ink in block capitals.

Student's surname

Student's first name(s)

Student's date of birthStudent's gender.....

Student's address*

.....

.....

postcode

*if the student lives with parents with shared responsibility each for a part of the week, please state on which days they live with which parent

Parents' or carers' telephone numbers:

Work

Evening

Mobile

Parents' or carers' email address

Student's current school

Full name of father

Full name of mother

If correspondence should be sent to another address in addition to that noted above, please indicate:

Name

Address

.....

If you have another child who is currently a pupil at Yavneh College, please state their full name, date of birth and current year.

.....

.....Year.....

Is your son or daughter in public care? **Yes/No**

(If yes, please enclose supporting evidence from the professional dealing with your case.)

Certificate of Religious Practice

Please complete and submit the Yavneh College Certificate of Religious Practice with this SIF.

Declarations:

1. I/we have read the document describing the Jewish Ethos of Yavneh College and confirm that I/we respect this Jewish Ethos and its importance to the school community.

Signature.....

Name.....Date.....

2. I/we wish the above applicant to be considered for a place as a student at Yavneh College Sixth Form and declare that the above information is true and correct in every detail. I understand that if a place has been obtained on the basis of incorrect or inaccurate information and the place would not have been offered had the information been correct or accurate, the offer will be withdrawn.

Signature:.....

Name.....Date:.....

3. I have enclosed a completed copy of the Yavneh College Certificate of Religious Practice.

Signature.....

Name.....Date:.....

Please return this Supplementary Information Form and the Certificate of Religious Practice to:

Mrs Arbisman, Admissions Officer , Yavneh College, Hillside Avenue, Borehamwood, Hertfordshire WD6 1HL

By 4th December 2009

If you have enclosed a s.a.e or requested a confirmation by email, and do not receive a confirmation of receipt within 10 working days, please telephone 020 8736 5580 or email admin@yavnehcollege.herts.sch.uk

For office use only:

Date form received *Ref. no.*.....

Additional information included with application

sae/email sent