

**YAVNEH COLLEGE  
An Academy**

**Supplementary Information Form**

**For entry to Year 7 September 2018**

1. All parents or carers seeking a place for their child at Yavneh College in September 2018 must complete the Common Application Form provided by the Local Authority in which they live. If they do not, they will not be considered for a place. They should also complete this form (the SIF) if they wish to be considered for a priority faith place.
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 Jewish Practice requirements of Yavneh College.
3. This SIF and Certificate of Religious Practice should be completed and returned to Yavneh College by the deadline of 31 October 2017.

**Please complete the following application form in black ink in block capitals.**

|  |                   |           |
|--|-------------------|-----------|
| Child's surname:   |                   |           |
| Child's forename(s):   |                   |           |
| Child's date of birth:   |                   |           |
| Child's address:   | Postcode:         |           |
| <p>Has the child lived at any other address within 10 miles of the School in the last 18 months? If yes, please provide the address(es).</p> <p>Do you still own or lease any of those properties?</p> <p>Please provide evidence that all ties with any previous addresses where the child has lived at within 10 miles of the School in the last 18 months have been relinquished, such as evidence of sale or termination of a tenancy agreement.</p> |                   |           |
| Full Name of parent/carer:   |                   |           |
| Parent's/carer's telephone number/s:   | Home              | Mobile    |
| Parent's/carer's email address:  |                   |           |
| Child's current school:  |                   |           |
| If correspondence should be sent to another address in addition to that noted above, please indicate:  | Name:<br>Address: | Postcode: |

|  |   |
|--|---|
| <p>If you have another child who is currently a pupil at Yavneh College, and will still be a pupil in September 2018, please state their full name, date of birth and current school year.</p> | <p>Name:</p> <p>Year:</p> <p>DOB:</p>                                 |
| <p>If you have another child who was formerly a pupil at Yavneh College, please state their full name, date of birth and the dates they started and left Yavneh College.</p>                   | <p>Name:</p> <p>DOB:</p> <p>Start date: _____ Leaving date: _____</p> |

### Supporting Documentation: Certificate of Religious Practice

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

#### Declarations:

|    |  |            |  |
|----|--|------------|--|
| 1. | I have read the document describing the Jewish Ethos of Yavneh College and confirm that I respect this Ethos and its importance to the school community.   | Signature: |  |
|    |  | Name:      |  |
|    |  | Date:      |  |
| 2. | I wish the above applicant to be considered for a place as a pupil at Yavneh College 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 a fraudulent or intentionally misleading application and the place would not have been offered had the information been correct or accurate, the offer may be withdrawn. | Signature: |  |
|    |  | Name:      |  |
|    |  | Date:      |  |
| 3. | I have enclosed a completed Yavneh College Certificate of Religious Practice.  | Signature: |  |
|    |  | Name:      |  |
|    |  | Date:      |  |

**Please return this Supplementary Information Form and the Yavneh College Certificate of Religious Practice to: Mrs Graham, Admissions Officer, Yavneh College, Hillside Avenue, Borehamwood, Hertfordshire, WD6 1HL by: 31 October 2017.**

If you have enclosed a sae or emailed but do not receive a confirmation of receipt within ten working days, please telephone 020 8736 5580 or email [admissions@yavnehcollege.org](mailto:admissions@yavnehcollege.org)

#### For office use only:

|  |                    |
|--|--------------------|
| <i>Date form received:</i>                               | <i>Ref.no:</i>     |
| <i>Additional information included with application:</i> | <i>email sent:</i> |