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Reception Supplementary Information Form for 2020

Please fill out this form in capital letters

PUPIL DETAILS		
Surname:	Child's First Name:	Name Child prefers to be known by:
Date of Birth:	Hebrew Date of Birth:	Current Nursery/Gan/School:
PARENT DETAILS		
Father's Title and Full Name:	Mother's Title and Full Name:	Mother's Maiden Name:
Correspondence Salutation: (e.g. Mr & Mrs, Rabbi & Mrs)	Home Address:	Postcode:
Home Telephone:	Father's Mobile Number:	Mother's Mobile Number:
Father's Email:	Mother's Email:	Is your daughter a sibling of an existing pupil or a BYPS graduate?
		Yes/No

INFORMATION (used to verify the Charedi practice of the family)

Orthodox Jewish (Charedi) is defined as ethos, lifestyle and daily practice that are governed by an unequivocal and lifelong commitment to תורה study and צניעות observance, and the central tenets of צניעות אמונת חכמים, יראת שמים in dress, speech and behaviour.

Do you, all members of your immediate family observe Orthodox Jewish (Charedi) practice?	Shul Membership:	
Yes/No		
Rov's Name:	Rov's Contact No:	
Rov's Name:	Rov's Contact No:	
Shul/s attended:	Which Rav/Rabbonim do you ask your שאלות to?	
We will need to verify your Orthodox Jewish (Charedi) practice and you will need to produce evidence of this. Please include a letter from your Rov confirming that you and your family observe Orthodox Jewish (Charedi) practice. The information will not be used for any other purpose.		
Signature of Parent/Carer:	Date:	
Please return this completed form together with a copy of your d Year Group for entry.	aughter's birth certificate. This is required to verify the appropriate	
For Office Use Only		
Date:	Comment:	