



Headteacher: Mrs. L. Rosenberg Chairman of Governors: Dr R. Burack
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SCHOOL APPLICATION FORM

Please PRINT clearly when completing this form and enclose all appropriate documentation

All information disclosed in this form will be treated in the strictest confidence

CHILD DETAILS

Family Surname: _____

Child's forenames: _____

Child's D.O.B: _____ Male / Female (please delete as applicable)

Please provide a copy of your child's FULL birth certificate with this application

PARENT DETAILS

Mother's Name _____

Father's Name _____

Occupation _____

Occupation _____

(If parents do not reside together, please give other information below)

Address _____

Address _____

Post Code: _____

Post Code: _____

Home Telephone: _____

Home Telephone: _____

Mobile Number: _____

Mobile Number: _____

Work Number: _____

Work Number: _____

E-mail: _____

E-mail: _____

PREVIOUS / CURRENT SIBLINGS

Does your child have a sibling(s) currently at the school or who attended in the past? Yes / No

Please state names if applicable: _____

SYNAGOGUE MEMBERSHIP

Which synagogue do you currently belong to? _____

What date did you join? _____

Please provide / enclose evidence of your synagogue membership, including date of joining and a copy of a recent subscription bill. We reserve the right to contact your synagogue with regards to your application

PREVIOUS EDUCATION

Name of previous school attended if applicable: _____

Telephone Number: _____

OTHER DETAILS

Please give full details of any special educational needs and / or disabilities

Please give full details of any special health problems (*including allergies, dietary requirements etc.*)

Please let us know in this space any other information about your child that you think we should know
(please add additional paper if necessary)

FORMAL DECLARATIONS

Please read and tick the following declarations

I/we enclose a copy of my child's FULL birth Certificate

I/we claim Jewish Status for my child with enclosed copies of our Jewish Marriage certificate (Ketubah)

I/we are currently members of a synagogue as declared above, and Enclose evidence of current membership status

I/we are UK taxpayers and would like The Clore Tikva School Foundation to treat any donations we make, since April 6th 2000, and all future donations made from the date of this declaration, until notified otherwise, as **GIFT AID** donations.

I/we have read the Ethos Statement of the school and support its content

I/we understand that all parents will be expected to carry out security duty

I/we understand the need and agree to pay parental contributions to support the Hebrew and Jewish studies and ongoing security costs within the school

I/we have completed the Standing Order form to start paying parental contributions, becoming active when my child starts school

Signature: _____ Date: _____

All information on this application form is covered by the Data Protection Act and maybe stored on computer

All information on this application form, including the standing order form will be destroyed / shredded if your child does not receive / take up an offered place at Clore Tikva