

Permanent residential	
address of family	

Telephone

Applicant - I confirm that: (please tick as appropriate)

Sibling / Child of a staff member: We have attended the synagogue(s) listed below 4 times in the 12 months prior to the date of application, except on any Jewish festival other than Shabbat.

We have attended the synagogue(s) listed below 8 times in the 12 months prior to the date of application, except on any Jewish festival other than Shabbat.

Full name of parent		
Signature of parent	Date	

Email

Rabbi / Synagogue Officer - I confirm that to the best of my knowledge this information is correct – please tick

Synagogue Name	Number of Visits	Name of Rabbi/Signatory	Signature	Date

This document will be kept in line with the school's Data Protection Policy, which can be found on the school website: <u>http://www.cloreshalom.herts.sch.uk</u> Trust Registered Charity No: 10627