

## Wolfson Hillel Primary School Supplementary Information Form

- a) Please complete the following in block capitals and make sure you complete every question
- b) Please complete one Supplementary Information Form for each child.
- c) Applications for Nursery and Reception must be received in school by **15 January 2026**
- d) If you are applying for a place at any other time the Supplementary Information Form should be returned without delay.

### For Admission To:

- |                                  |                                    |                                 |                                 |
|----------------------------------|------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Nursery | <input type="checkbox"/> Reception | <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 |
| <input type="checkbox"/> Year 3  | <input type="checkbox"/> Year 4    | <input type="checkbox"/> Year 5 | <input type="checkbox"/> Year 6 |

### Commencing September 2024

Child's surname: _____
Child's first name: _____
Child's Hebrew name _____
Date of birth: _____
Names of siblings in Wolfson Hillel Primary School at the date of entry
1 _____ 2 _____

Home address: _____
_____ Post code: _____
Borough to which you pay your rates: _____
Home telephone no: _____
Mobile no: (Mother) _____ (Father) _____
Email address: (Mother) _____ (Father) _____

I declare that I wish my child to be enrolled as a pupil of Wolfson Hillel Primary School, that the above information is true and correct.

Signed: \_\_\_\_\_ (Parent/Guardian) \_\_\_\_\_

Date: \_\_\_\_\_

### Please enclose the following:

1. This completed Supplementary Information Form
2. Completed Certificate of Religious Practice and relevant supporting documents
3. Proof of date of birth (copy)
4. Proof of address within the last three months (e.g. Council tax bill, utility bill or tenancy agreement)