

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 2027**
- 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 2027

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)**