

Moriah Jewish Day School
Cannon Lane
Pinner
Middx
HA5 1JF



Headteacher:
Rev. A. Shaw M.A. Cert.Ed

Tel: (020) 8868 2001
Fax: (020) 8429 8419
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SUPPLEMENTARY INFORMATION FORM

For Office use:
Acknowledgement sent on:

Offer Date: _____Accepted/Declined

Today's Date.....

Nursery Reception
Year 1 Year 2 Year 3
Year 4 Year 5 Year 6
Commencing _____

- a) Please complete the following in **Block Capitals** in black ink.
- b) Please complete **one** application for each child.

Child's Surname Child's first name/s.....

Child's date of birth.....

Names of all siblings who will be attending Moriah School at date of entry _____

1:

2:

3:

Home Address.....

.....

Postcode.....

Borough of residence.....

Home phone no.....

Daytime phone no.....
(please state whose number)

E-mail address

Mobile phone number

(please state whose number)

Together with this Supplementary Information Form, please attach, as proof of address:

- A copy of current council tax bill
 - or**
 - A copy of tenant agreement arranged through a letting agent/estate agent
 - or**
 - A recent letter from the housing department/housing association
- AND**
- Proof of your child's date of birth

Moriah is a United Synagogue School which teaches Orthodox Jewish belief and practice, embodied in the principles of Torah and Halachah.

These include: creating a sense of belonging, encouraging and preparing for lifelong Jewish learning, spiritual growth and practice, mutual responsibility within the Jewish community and the wider world, and the importance of Israel in Jewish life.

Jewish belief and practice permeate every aspect of Moriah's activity. All applicants are therefore expected to fully respect the ethos of the school.

To be considered a priority applicant, the **Certificate of Religious Practice** should be completed and returned to the school office.

I declare that I wish my child / the child in my care to be enrolled as a pupil of the Moriah Jewish Day School; that the information is true and correct in every detail.

(Delete as applicable)

Signed.....Parent/Guardian

Name of Parent/Guardian (block capitals)

Date.....

Return to: School Office
 Moriah Jewish Day School
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