



Year 7 Certificate of Religious Practice (CRP) 2025-26

4 points are needed to fulfil the requirements of this CRP. There is no advantage in achieving more than 4 points.

Child's surname		Child's first name(s)	
Date of birth		Child's Hebrew name	
Full postal address			
Telephone number			
Email Address			

Points can be obtained through sections 1-4. For Section 1, you must register with the synagogue you propose that you, the child, the child's other parent / guardian to attend, as well as completing this form. Registration can be made by email or online: see synagogue website. If attendance at more than one shul is to be counted for the purpose of school admission, then you must arrange attendance at the shul you are visiting. – please see our FAQ document for guidance as to how to do this www.theus.org.uk/crp

You should send a completed copy of this form to the school to arrive no later than 31st October 2024.

If the form is not received in time, it may not be possible to treat the child as a religious practice priority applicant.

In order to obtain points, the parent/guardian must complete this form and take, or send, it to the person(s) referred to in sections 1-4, or where appropriate provide a letter or certificate. **This form must be completed regardless of sibling status.**

The school cannot consider a CRP which does not have the relevant declarations and it is the responsibility of the parent/guardian to approach the relevant person(s) to obtain a letter of confirmation if they are unable to have parts of the form signed.

The relevant person(s) may decline to sign this form where the parent/guardian or the child is not personally known to them and/or cannot vouch for the parent/guardian or the child.

SECTION 1 SYNAGOGUE ATTENDANCE. Between 5th April 2024 and 26th October 2024

Since 5th April 2024 how many times have you, the child's other parent/guardian, or the child attended Friday night or Shabbat morning synagogue religious services?

In some US shuls, points for attendance at shul can now be collected on either a Friday night or Shabbat morning service. Please check with your chosen shul on their particular provision and details on how to register. Attendance can ONLY be recorded for one service per week.

Dates of attendance need to be verified by the Rabbi or authorised official of each synagogue attended, either by completing the declaration below or by attaching a signed letter. You should refer to the relevant synagogue website for more details about service times and locations.

Please tick **one** box only

Attended at least 8 times (4 points) Attended at least 4 times (2 points) Attended less than 4 times (0 points)

Note: Families will not receive points for simply arriving on the premises.

Synagogues are empowered and are required to decline to record attendance on that basis.

Dates that are eligible for recording attendance on Friday night or Shabbat morning synagogue services from 5th April 2024

2024 5 th or 6 th April 12 th or 13 th April 19 th or 20 th April 26 th or 27 th April 3 rd or 4 th May 10 th or 11 th May 17 th or 18 th May	24 th or 25 th May 31 st May or 1 st June 7 th or 8 th June 14 th or 15 th June 21 st or 22 nd June 28 th or 29 th June 5 th or 6 th July	12 th or 13 th July 19 th or 20 th July 26 th or 27 th July 2 nd or 3 rd August 9 th or 10 th August 16 th or 17 th August 23 rd or 24 th August	30 th or 31 st August 6 th or 7 th Sept 13 th or 14 th Sept 20 th or 21 st Sept 27 th or 28 th Sept 4 th or 5 th Oct 11 th or 12 th Oct	18 th or 19 th Oct 25 th or 26 th Oct 1 st or 2 nd Nov 8 th or 9 th Nov 15 th or 16 th Nov 22 nd or 23 rd Nov 29 th or 30 th Nov	6 th or 7 th Dec 13 th or 14 th Dec 20 th or 21 st Dec 27 th or 28 th Dec 2025 3 rd or 4 th Jan 10 th or 11 th Jan
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Note: For late or in-year applications, arrangements for registering and recording attendance on Friday night or Shabbat morning religious services should be made directly with your synagogue.

Declaration by Rabbi/Synagogue Official:

I confirm that to the best of my knowledge and belief the information in Section 1 is correct. (Please complete the table below for one of the following options. A signature is not required if you have a letter provided from the United Synagogue CRP Attendance system.)

Option 1	Signature		Name and position of signatory	
	Date		Address of signatory	
Option 2	United Synagogue CRP Attendance letter provided, see attached – please tick the box			<input type="checkbox"/>

SECTION 2. JEWISH EDUCATIONAL ACTIVITIES. Between 1st November 2023 and 31st October 2024

Have you, the child’s other parent/guardian or the child participated in Jewish educational activities (e.g. nursery or Jewish adult education) on at least **six** occasions?

Please tick one box only Yes (2 points) No (0 points)

If **Yes** please specify activities (e.g. nursery; educational programme) and frequency.....

Declaration by Headteacher/Teacher/Course Leader/tutor:

I confirm that to the best of my knowledge and belief the information in Section 2 is correct

Signature		Name and position of signatory	
Date		Address of signatory	
Name of Course/ Institution/School etc		Postcode	

Note: A non-exhaustive list of educational opportunities can be found on the United Synagogue’s website: www.theus.org.uk

SECTION 3. VOLUNTEERING. Between 1st November 2022 and 31st October 2024

Have you or the child’s other parent/guardian participated in a voluntary capacity in a Jewish communal, charitable or welfare activity on at least **12 occasions**?

Please tick relevant box Yes (2 points) No (0 points)

If **Yes**, please specify name of organisation and give a brief description:

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Declaration by Jewish Communal/Charitable/Welfare Organisation:

I confirm that to the best of my knowledge and belief the information in Section 3 is correct

Signature		Name and position of signatory	
Date		Address of signatory	
Name and Address of Organisation		Postcode	

Notes: If these 12 occasions have included more than one organisation, please attach further declaration(s) to this form. For example, a non-exhaustive list of some volunteering opportunities can be found on www.theus.org.uk/category/us-chesed

SECTION 4: Tribe CRP JUDAISM COURSE 2024**Courses will take place between June-July 2024**

The Tribe CRP Judaism Course is now an in-person course running in a number of locations.

This course has been specifically designed for admission to schools whose religious authority is the Office of the Chief Rabbi or whose Foundation Body is the United Synagogue, for admission in September 2025. Applicants who wish to establish religious practice priority to these schools can choose to accumulate points for the CRP in any way they wish and this course would accrue 2 points. The course is open to all applicants and consists of 6 sessions of 45 minutes, involving both child and parent(s)/guardian(s), covering topics relevant to Jewish customs and practices, festivals, kashrut, etc. All of them need to be completed in order to satisfy this section.

For course locations, dates and registration information go to <https://www.tribeuk.com/article/crp-2024>

If you require further information or support please contact the Tribe office 020 8343 5656

Declaration by United Synagogue

I confirm that the above named person took part in the Tribe CRP Judaism course. Please complete the table below for one of the following options. A signature is not required if you have a certificate provided from Tribe.

Option 1	Signature		Name of course leader	
Option 2	Certificate provided, see attached – please tick box			<input type="checkbox"/>

SECTION 5. FOR CHILDREN OF OTHER FAITHS**Religion of child/family:**

To be completed by the Religious Leader giving the reference			
The parents are known to me	Yes/No	The child is known to me	Yes/No
The child is a member of a practising family	Yes/No	I support this application	Yes/No
Declaration by Religious Leader: I confirm that the above statements about the child named above and his/her family are true to the best of my knowledge and belief			
Name:		Signed & date:	
Position:		Name of Religious Centre:	

Section 5. Parent's / Guardian's Declaration: I confirm that the above information is correct	
Parent's Name:	Signed:
Date:	Relationship to child:

SECTION 6. PARENT'S/GUARDIAN'S DECLARATION

I confirm that all the information provided is correct

Name (please print)

Signed.....

Date

For School use only

Date received

Name (please print)..... Parent/ Guardian

Total number of points.....

Child meets Practice Threshold for prioritisation: YES / NO