

## Nursery and Reception Certificate of Religious Practice (CRP) 2026-27

**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		Home telephone number	

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](http://www.theus.org.uk/crp)

**You should send a completed copy of this form to the school to arrive no later than 15<sup>th</sup> January 2026.**

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 25<sup>th</sup> April 2025 and 10<sup>th</sup> January 2026

**Since 25<sup>th</sup> April 2025 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 25<sup>th</sup> April 2025**

April 2025	May	June	July	August	September	October	November	December	January 2026
25 or 26	2 or 3 9 or 10 16 or 17 23 or 24 30 or 31	6 or 7 13 or 14 20 or 21 27 or 28	4 or 5 11 or 12 18 or 19 25 or 26	1 or 2 8 or 9 15 or 16 22 or 23 29 or 30	5 or 6 12 or 13 19 or 20 26 or 27	3 or 4 10 or 11 17 or 18 24 or 25 31	1 7 or 8 14 or 15 21 or 22 28 or 29	5 or 6 12 or 13 19 or 20 26 or 27	2 or 3 9 or 10

**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 4<sup>th</sup> November 2024 and 15<sup>th</sup> January 2026**

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](http://www.theus.org.uk)

**SECTION 3. VOLUNTEERING. Between 4<sup>th</sup> November 2024 and 15<sup>th</sup> January 2026**

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:

.....  
 .....

**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	
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**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](http://www.theus.org.uk/category/us-chesed)

**SECTION 4. 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**