Supplementary Information Form in support of an application for a place at Twin Sails Infant School & Nursery or Hamworthy Park Junior School

Please complete if you are applying for a place for a child who is **eligible for service premium** at **Twin Sails Infant School & Nursery or Hamworthy Park Junior School**

Section A (to be completed by the Parent/Carer) Please do not use abbreviated or "known as" names

Child's First Name _____

Child's Legal Surname _____

Date of Birth _____

Address _____

_____ Postcode _____

Has either parent been discharged from the UK regular armed forces in the last 6 years? YES / NO

(please circle)

If YES, please provide evidence (e.g. discharge papers) or arrange for Section B to be completed

Has either parent died serving in the UK regular armed forces and the child is in receipt of a pension under the Armed Forces Compensation Scheme or War Pension Scheme? YES / NO (please circle)

If YES, please provide evidence (e.g. pension documentation) or arrange for Section B to be completed.

Is either parent serving in the UK regular armed forces? YES / NO (please circle)

If YES, please arrange for Section B to be completed

PLEASE TURN OVER FOR SECTION B

Section B (to be completed by Families Liaison Officer/Commanding Officer/other appropriate serving member of the Armed Forces)
Please ensure that you answer all the questions below by **circling** Y/N/NA to answer the question.

Q1 Is one of the child's parents serving in the regular armed forces? Yes No N/A

Q2 Has one of the child's parents served in the regular armed forces in the last 6 years? Yes No N/A

Q3 Has one of the child's parents died while serving in the armed forces and the child is in receipt of a pension under the Armed Forces Compensation Scheme (AFCS) and the War Pensions Scheme (WPS)?
Yes No N/A

I confirm that this information is correct
Name of Families Liaison Officer/Commanding Officer/Other appropriate serving member of The UK

Regular Armed Forces (please print) _____

Signature _____ Date _____

Rank _____

Regiment _____

Address _____

_____ Postcode _____

Parent(s)/Carer(s): When the completed form is returned to you please send it with your completed application form, or if you have completed an on-line application or live in another local authority area send it directly to:
The School Admissions Team, BCP Council, Room 105, Civic Centre, Poole BH15 2RU

General Data Protection Regulation (GDPR) and Data Protection Act (DPA) 2018 - We process your personal information in accordance with GDPR and Data Protection Act 2018. If you would like to know how we use your information, please see our Privacy Notice on the Council's Privacy policy link. In accordance with the DPA 2018 we are required to keep the information we hold about you up to date and accurate. By signing this form you are confirming the information is correct.