

Only complete this form if you are eligible for free school meals pupil premium or Ever 6 FSM at the closing date for submission of the Common Application Form, are applying for a place at Devonport High School for Girls or Plymouth High School for Girls and your daughter has participated in the Plymouth 11-plus examination or late selection test procedure.

SUPPLEMENTARY INFORMATION FORM **FREE SCHOOL MEALS PUPIL PREMIUM OR EVER 6 FSM 2021/2022**

You should only complete this form if:

- a) You have named Devonport High School for Girls or Plymouth High School for Girls on the Common Application Form;**
- and**
- b) Your child is in receipt of free school meals, pupil premium or Ever 6 FSM.**

You will need to take this form to your child's current school for the school to complete part B. Return the form to: School Admissions Team, Education, Participation and Skills, Plymouth City Council, Windsor House, 215 Tavistock Road, Plymouth PL6 5UF.

PART A

To be completed by the parent/carer

Child's full name:	
Date of birth:	
I confirm that my child is in receipt of free school meals, pupil premium or Ever 6 FSM	<input type="checkbox"/> Yes
Name of school currently attended:	
Name of parent/carer:	
Relationship to child:	
Signature:	
Date:	

Data Protection

The information collected on this form will be processed and may be stored electronically by the school in compliance with the Data Protection Act. The data may be shared with Plymouth City Council or other agents of the school, but only for administrative or other service provision purposes and with Government Departments where there is a legal requirement to do so. In accordance with the School Admissions Code, should information given be found to be fraudulent then the offer of a school place can be withdrawn. If you would like further information about Data Protection, please contact the school. By signing or submitting this form you acknowledge that you have read, understood and agreed to this data processing.

PART B**To be completed by the school attended**

Child's full name:	
Date of birth:	
I confirm that the child named above is currently in receipt of free school meals, pupil premium or Ever 6 FSM:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of school currently attended:	
Name of person completing the form:	
Position held in school:	
Signature:	
Date:	
Telephone number:	
School stamp:	

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