**APPLICATION FOR SCHOOL EXCLUSION ZONE PERMIT**

**Newhill Primary and St Stephen’s RC Primary School**



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATIONS & ENCLOSURES BY EMAIL TO:** schoolexclusionzones@pkc.gov.uk**APPLICATIONS & ENCLOSURES BY POST TO:**Communities, Perth & Kinross Council, Pullar House, 35 Kinnoull Street, Perth, PH1 5GD

|  |
| --- |
| **Type of permit required (tick applicable)** |
| **Resident** |  | **School Staff** |  | **Business** |  |
| **Visitor** |  | **Parent/Pupil** |  |

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| --- |
| **If applying for a school staff or school visitor permit, please select school (tick applicable)** |
| **Newhill Primary** |  | **St Stephen’s RC Primary School**  |  |

 | For Office Use Only: |  |
| Permit Number: |  |
| Date of Issue: |  |
| Form Number: |  |
| Issued By: |  |
|  |
|  |
| **Part 1 – Please tell us what you wish to do:** |
|  |
| If you are **a)** applying for the first time, please complete parts 2, 4, 5 and 6 |  |  |
|  **b)** change a vehicle, please complete parts 3, 4, 5 and 6 |  |  |
|  **c)** change of address (with no changes to your vehicle, please complete all parts) |  |  |
|  **d)** applying for business permit, please complete 2,5 and 6 |  |  |
|  |
| **Part 2 – Your details:** |
|  |
| Title (Mr,Ms,Mrs,Miss,Other) |  |  | First name |  |
|  |
| Surname |  |
|  |
| Address |  |
|  |
|  |  |
|  |
|  |  |  |  |  | Postcode |  |  |
|  |
| Home Tel No |  |  | Mobile |  |  |
|  |
| Email |  |  |
|  |
| **Part 3 – Changes to an existing permit** |
|  |
|  **a)** To change a vehicle, please give the registration number of your previous vehicle |
|  |
|  |  Registration Number |  |  |
|  |
| Note: You will need to surrender the School Exclusion Zones Permit previously used for the registration number above. |
|  |
|  |  **b)** To change your address, please give your old address below  |
|  |
| Address |  |
|  |
|  |  |
|  |
|  |  |  | Postcode |  |
|  |
| Note: You will need to surrender the School Exclusion Zones Permit used for the above address. |
|  |
|  |
| **Part 4 – Your vehicle:** |
|  |
| Please complete details of the vehicle you wish to have listed on your School Exclusion Zones Permit below. |
|  |
| Registration Number  |  |  |  |
|  |  |  |  |
| Make |  |  |  |
|  |  |  |  |
| Model |  |  |  |
|  |  |  |  |
| Colour |  |  |  |
| As the applicant, are you the registered keeper of the vehicle? |  |  |
| Note: You will be required to provide proof before a permit can be issued |
|  |
| Yes |  |  | If no, please complete the registered keeper’s name and address below |
|  |
| Title (Mr,Ms,Mrs,Miss,Other)  |  |  | First Name  |  |
|  |
| Surname |  |
|  |
| Address |  |
|  |
|  |  |
|  |
|  |  |  |  |  | Postcode |  |  |
|  |
| **Part 5 – Declarations** |
|  |
| Please read and tick the relevant declaration below: |
|  |
| I declare that (i) I am solely or mainly resident at the address shown in Part 2 and that the motor vehicle described in Part 4 is kept and used by me and (ii) that all the information given in this application is correct. I further declare that I have read the guidance notes and understand that making a false statement to procure a permit is a serious criminal offence.I understand that if during the lifetime of the permit, I cease to be solely or mainly resident at the address described above or that I cease to be the keeper and user of the vehicle described above, then I am required to return the permit and that it will be a criminal offence for me to fail to do so. |
| Declaration for first time application |  |  |
|  |
| I declare that all information in this application is true, and I understand that use of the permit implies acceptance of all conditions listed in the guidance notes. I understand that it is a criminal offence to make a false statement for the purpose of obtaining a permit and to allow misuse of the permit. |
|  |
| Declaration for change of details |  |  |
|  |
| **Part 6 – Enclosures (See guidance notes for examples of documents requested)** |
|  |
| I enclose as requested (tick all relevant boxes). |
|  |
| Proof of residency  |  |  |
|  |
| Vehicle Registration Document  |  |  |
|  |
| Letter from the insurance company  |  |  |
|  |
| Other (please specify) |  |  |
|  |  |  |
|  |  |  |

**HOW WE USE YOUR PERSONAL INFORMATION**

The information provided by you will be used by Perth & Kinross Council to assess suitability for a residents permit to allow access to prohibited area.

The Council may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information from certain third parties or share your information with them in order to verify its accuracy, prevent or detect crime, protect public funds or where required by law.

*For further information, please look at our website* [*www.pkc.gov.uk/dataprotection*](http://www.pkc.gov.uk/dataprotection)

*; email* *dataprotection@pkc.gov.uk*

 *or phone 01738 477933*