



REGISTRATION FORM

EARLY YEARS PUPIL PREMIUM

We need information about you and your child, to provide the best education and support by making sure we receive all the government funding to which we and your child are entitled.

ABOUT YOUR CHILD/CHILDREN

Child's Last Name	Child's First Name	Child's Date of Birth			Name of preschool, nursery, childminder
		DD	MM	YYYY	
		DD	MM	YYYY	

PARENT/GUARDIAN DETAILS

	Parent/Guardian 1	Parent/Guardian 2
Last name		
First Name		
Date of Birth	D M Y	D M Y
National Insurance Number*		
National Asylum Support Service (NASS) Number*	/ /	/ /
Daytime Telephone Number		
Mobile Number		
Address		
	Postcode:	Postcode:

* Complete as appropriate

FAMILY INCOME AND BENEFIT DETAILS

Is your joint family income over £16,190 per year? (Please place an X in the appropriate box).

Yes No Unsure

If you are in receipt of any of the benefit listed below, please tick this box

- Income Support
- Income based Jobseekers Allowance
- Income-related Employment and Support Allowance
- Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
- Universal Credit
- Working Tax Credit run-on
- The guarantee element of State Pension Credit
- Child Tax Credit (with no Working Tax Credit) with an annual income of no more than £16,190

ADOPTED CHILDREN, CHILDREN SUBJECT TO A SPECIAL GUARDIANSHIP ORDER OR A CHILD ARRANGEMENTS ORDER

If your child has left care through adoption, special guardianship or a child arrangements order and you would like your child to attract the early years pupil premium, you should complete the following section and attach a copy of the relevant court order:

Has your child been adopted from care?

Yes No

If you have ticked yes in the previous question, have you yet been granted an adoption order by the courts?

Yes No

Did your child leave the local authority's care under a special guardianship order or a child arrangements order (formally known as a residence order)?

Yes No

DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes.

I agree to the local authority using this information to enable my child's preschool/Nursery/childminder to claim the early years pupil premium for my child.

Signature of parent/guardian: Date:

Thank you for completing this form and helping to make sure your child's early years provider is as well funded as possible.