**EARLY YEARS PUPIL PREMIUM - VOLUNTARY REGISTRATION**

From April 2015, nurseries, schools, childminders and other childcare providers will be able to claim extra funding through the Early Years Pupil Premium to support children’s development, learning and care.

National data and research tells that children eligible for free school meals tend to do less well, for example in 2014 45% of children eligible for free school meals achieved the expected level at the end of the early years foundation stage compared with 64% of other children. The Early Years Pupil Premium will provide us with extra funding to close this gap.

The Early Years Pupil Premium provides up to an extra £302 a year for each child taking up their full hours of funded early education. We can use the extra funding to improve the quality of the early years education we provide for your child, e.g. for additional staff training on early language, partnership working with colleagues to further our expertise or supporting our staff in working on specialised areas such as speech and language.

It is well documented that high quality early education can influence how well a child does at both primary and secondary school so we do want to make the most of this additional funding. You may be aware if you have older children that a pupil premium has been available for school age children and it has proved to have given a real boost to the children receiving the funding. We want to do the same for our early years children entitled to this funding.

Therefore we are asking **ALL PARENTS/GUARDIANS** to fill in this form and return it to us as soon as possible. This will allow us to claim the additional Early Years Pupil Premium to benefit your child.

**Question 1 - ABOUT YOUR CHILD/CHILDREN**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s Last Name | Child’s First Name | Child’s Date of Birth | | | Name of preschool, school, nursery, childminder |
|  |  | D D | M M | Y Y Y Y |  |
|  |  | D D | M M | Y Y Y Y |  |

**Question 2 - 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

**Question 3 - FAMILY INCOME AND BENEFIT DETAILS**

**3a** - Is your joint family income over £16,190 per year? (Please place an X in the appropriate box).

Yes No

**3b** - If you ticked no, please place an X in this box if you (including those who have parental rights for the child/children named on this form) are in receipt of any of the benefits listed below: (If you have ticked yes, you do not need to complete this section.)

* Income Support
* Income-based Jobseekers Allowance
* Income-related Employment and Support Allowance
* Universal Credit.
* Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999
* 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
* Working Tax Credit run-on

**3c** - Please place an X in this box if you are not sure of the answers to questions 3a and 3b but you would still like us to check whether your child is eligible for the early years pupil premium.

**Question 4 - ADOPTED CHILDREN, CHILDREN SUBJECT TO A SPECIAL GUARDIANSHIP / CHILD ARRANGEMENTS ORDER**

If your child has left care through adoption, special guardianship or a child arrangements order, please answer questions 4a to 4c and attach a copy of the relevant court order:

**4a** - Has your child been adopted from care?

Yes No

**4b** - If you have ticked yes to 4a, have you yet been granted an adoption order by the courts?

Yes No

**4c** - 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

**How the information in this form will be used**

The information you provide will be used by the council to confirm receipt of one of the welfare benefits by checking data provided by HMRC and DWP. We would like your consent to make this check. Once this is confirmed, the council can decide how much money we will receive. You are free to withdraw your consent so that your details are not used in future. Whether you use this scheme or not will not affect any of the benefits you may be entitled to. We are committed to ensuring that the personal and sensitive information that we hold about you is protected and kept safe and secure, and we have measures in place to prevent the loss, misuse or alteration of your personal information.

**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 early education provider to claim the early years pupil premium.

**Signature of parent/guardian: ……………………………………………………… Date:……………………….**

**Thank you for completing this form. This additional money could make a significant difference to us. Please return it to a member of staff.**