



Early Years Pupil Premium



Registration Form

SECTION A

Family Income and Benefit

Is your joint family income under £16, 190 per year and are you in receipt of one or more of the listed benefits? (For more information please see: devon.cc/the-early-years-pupil-premium)

Yes

Not Sure

No

If you have answered 'yes' or 'not sure', please complete your **PERSONAL DETAILS**, read and sign the **DECLARATION**.

If you have answered 'No', please continue to SECTION B.

Personal Details

Child's Last Name	Child's First Name	Child's Date of Birth			Name of early years provider
		D	M	Y	
		D	M	Y	
		D	M	Y	

* Complete as appropriate	Parent/Carer 1			Parent/Carer 2		
Surname						
Forename						
Date of Birth	D	M	Y	D	M	Y
Relationship to child						
Parental Responsibility	Yes / No			Yes / No		
Daytime Telephone Number						
Mobile Number						
E-mail Address						
Address						
	Postcode:			Postcode:		

Please provide your National Insurance number of National Asylum Support Service number on appendix 1. This will be destroyed once eligibility has been checked.

Please read and sign the **DECLARATION** and return the form to your early years provider.

SECTION B

Adopted Children, Children subject to a Special Guardianship Order or a Child Arrangements Order

If your child has left care through adoption, special guardian ship or a child arrangements order and you would like your child to attract the early years pupil premium, please answer the following questions and **attach a copy of the relevant court order**.

Has your child been adopted from care? Yes No

If yes, have you 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

Please return with a copy of the relevant order (do not send in original documents) to your early years provider who will send it to Devon County Council. If you would prefer to send it direct to Devon County Council, please post to: EYPP, Early Years and Childcare Service, Room 170, County Hall, Topsham Road, Exeter, EX2 4QD.

Declaration

The information I have given on this form is complete and accurate. I understand that my personal information is held securely for the duration of the time that my child receives education related funding from Devon County Council and will be used only for local authority education purposes.

The Early Years Pupil Premium funding will be paid to each provider your child attends for Early Years Education Funded time.

I agree to Devon County Council using this information to confirm eligibility of Early Years Pupil Premium and to check for eligibility for any other funding relating to education that any of my children may be entitled to benefit from.

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

Data Security - Devon County Council are committed to ensuring that the personal and sensitive information that is required to assess entitlement to the Early Years Pupil Premium is protected and kept safe and secure. Devon County Council has measures in place to prevent the loss, misuse or alteration of your personal information. The information provided in SECTION A will be used to confirm receipt of one of the listed welfare benefits by checking work benefit data provided by Her Majesty's Revenue and Customs (HMRC) and Department for Work and Pensions (DWP). Registration for the scheme will not affect your benefits.

Please return this form to your early years provider (along with any evidence where necessary)

Thank you for completing this form and supporting your child's education and development.

Appendix 1 – Eligibility Check for the Early Years Pupil Premium

If your joint family income is under £16, 190 per year and you are in receipt of one or more of the eligible benefits please provide your National Insurance Number or National Asylum Support Service Number below so an eligibility check can be made. You provider will destroy this sheet once the information has been submitted.

Parent/Carer 1:

Name of Parent/Carer:											
National Insurance Number:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
National Asylum Support Service Number:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">/</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">/</td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>			/			/				
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Parent/Carer 2:

Name of Parent/Carer:											
National Insurance Number:	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
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*Provider to destroy this sheet once the information has been entered onto Devon County Council’s secure database and eligibility has been checked.