**Early Years Pupil Premium Application Form**

As per the letter dated **X**, below is the information the school needs to collect in order to check your families eligibility for the Early Years Pupil Premium (EYPP). We would be grateful if you could complete this form and return by **[date]. Please note that completion of this form is voluntary.** However, if you do not complete this form, we will not be able to identify whether your child is eligible for the EYPP and we may not receive additional funding to support your child. We will inform you if your child is eligible.

**Parent/guardian details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Parent/guardian 1 | | | | | | | | | | | | | | | | | | | | | | | | Parent/guardian 2 | | | | | | | | | | | | | | | | | | | | | | | |
| First name |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Last name |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth (DOB) | DD | | | | | | | MM | | | | | | | | | YYYY | | | | | | | | DD | | | | | | | MM | | | | | | | | | YYYY | | | | | | | |
| National Insurance Number\* |  |  | | **/** | |  | | |  | |  | |  | | **/** | | |  | |  | | **/** | |  |  |  | | **/** | |  | | |  | |  | |  | | **/** | | |  | |  | | **/** | |  |
| National Asylum Support Service (NASS) Number\* |  | |  | | **/** | |  | | |  | | **/** | |  | |  | | |  | |  | |  | |  | |  | | **/** | |  | | |  | | **/** | |  | |  | | |  | |  | |  | |
| Daytime telephone number |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile number |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |

**About your child/children**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s first name | Child’s last name | Child’s DOB | Child’s UPN  **(for school use only)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Adopted children, children subject to a special guardianship order or a child arrangements order**

If your child/ children have left care through adoption, special guardianship or a child arrangements order and you would like your child/ children 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 Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Yes No Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your child leave the local authority’s care under a special guardianship order?

Yes No Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Yes No Name of child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 school to claim the Early Years Pupil Premium for my child.

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

Date: ……………………………………………………………………………………

**Thank you for completing this information. Please return to the school office by X.**

**Notes to parent**

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

By completing this form and signing the declaration you are agreeing for Hertfordshire County Council to check whether your child is eligible for the EYPP.

The county council will do this by checking the information you have provided against the work benefit data provided by HM Revenue and Customs and the Department for Work and Pensions.

The council will then confirm whether your child is eligible for the EYPP. You are free to withdraw your consent so that your details are not used in future. The data you provide may also be used to ensure accuracy of records across the local authority and to prevent fraud.

**Children who have been adopted from care or are subject to a special guardianship order or a child arrangements order**.

Eligibility will be based on your declaration that your child was formally a looked after child and on the evidence of their status e.g. a copy of the relevant order. Hertfordshire County Council will decide whether your child is eligible for extra funds through the Early Years Pupil Premium. This form and a copy of the relevant order should be seen by the school and they will confirm with Hertfordshire County Council that they have seen confirmation and enable funding to be allocated.