Dear Parent/Carer

**ELIGIBILITY FOR EARLY YEARS PUPIL PREMIUM**

We would like to collect information about you and your child. This will help us to provide the best education and support for your child by making sure that if your child is eligible for the Early Years Pupil Premium (EYPP) that we receive this funding. We would be grateful if you could complete this form and return by **[date].**  Please note that completion of this form is voluntary and non-completion will not affect your child’s eligibility for their place at nursery/preschool/childminder etc. **(please amend as appropriate]**. However, if you do not complete this form, we may not be able to identify whether your child is eligible for the EYPP and we may not receive additional funding to support your child.

**ABOUT YOUR CHILD/CHILDREN**

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

**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

If you have ticked yes, you do not need to complete the rest of this section.

If you ticked no, please place an X in this box if you[[1]](#footnote-1) are in receipt of any of the benefits listed below:

* 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

Please place an X in this box if you are not sure whether your joint family income is over £16,190, or whether you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for the EYPP.

**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 been granted an adoption order by the courts yet?

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

How the information in this form will be used

Where you have indicated that you are in receipt of one of the listed welfare benefits or you would like us to check whether your child is eligible for the EYPP**,**

the information you provide in this form will be used by the council to confirm receipt of one of the listed welfare benefits. They will do this by checking the information you have provided against the work benefit data provided by HMRC and DWP. We would like your consent to request the council to make this check.

The council will then confirm whether your child is eligible for the EYPP (but will not notify us of which benefits you are receiving). You are free to withdraw your consent so that your details are not used in future. Whether you provide your details or not will not affect any of the welfare benefits you may be entitled to. 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. The local authority will decide whether your child’s nursery, childminder or pre-school is eligible for extra funds through the early years pupil premium. This form and a copy of the relevant order should be returned either to your local authority or your child’s nursery or childminder to enable funding to be allocated. If you decide to return this information to the local authority, please ask your child’s nursery/childminder for the most appropriate address.

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/school/childminder to claim the early years pupil premium for my child

Signature of parent/guardian: …………………

Date:……………………….

About this form

All early years providers who deliver Government funded early education can claim the early years pupil premium for three and four year old children whose parents are in receipt of one or more of the following benefits:

* Income Support
* Income-based Jobseekers Allowance
* Universal Credit
* Income-related Employment and Support Allowance
* Support under Part VI of the Immigration and Asylum Act 1999
* the guaranteed element of State Pension Credit
* Child Tax Credit (provided you’re not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
* Working Tax Credit run-on

Three and four year olds will also be eligible if:

* they are currently being looked after by a local-authority in England or Wales
* they have left care in England or Wales through an adoption
* they have left care in England or Wales through a special guardianship order or a child arrangement order aid for 4 weeks after you stop qualifying for Working Tax

Completing this form could result in extra funding for your child’s early years provider

Completing this form allows us to check whether your child is eligible for the EYPP which could provide up to an extra £300 for your child’s nursery, pre-school or child minder to fund valuable support like extra training or, resources to help raise the quality of your child’s early education.

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.

We will use the information you provide to check whether your chlld is eligible for the early years pupil premium.

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

1. This includes those who have parental rights for the child/children named on this form. [↑](#footnote-ref-1)