**Early Years Pupil Premium Registration Form**

**Voluntary Registration**

Registering could provide up to an extra £300 for your child’s early years provider (school, nursery, pre-school or childminder), to fund valuable support like extra training or resources to help raise the quality of your child’s early education.

Please complete this form in BLOCK CAPITALS and return to your child’s school, nursery, pre-school or childminder.

**About your child/children**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s last name | Child’s first name | Child’s date of birth (dd/mm/yyyy) | Name of school, nursery, pre-school, or childminder |
|  |  |  | Shepperton Pre-School |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| 693506 |

DfE URN (to be completed by the child’s school, nursery, pre-school or childminder):

**Parent/Guardian details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Parent/Guardian 1 | | | | | | | | | | | | | | | | | | | Parent/Guardian 2 (if applicable) | | | | | | | | | | | | | | | | | | |
| Last name |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| First name |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Date of birth (dd/mm/yyyy) |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| National Insurance Number\* |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |
| National Asylum Support Service (NASS) Number\* |  |  | | **/** | |  | |  | | **/** |  | |  | |  | |  | |  |  |  | | **/** | |  | |  | | **/** |  | |  | |  | |  | |  |
| Daytime telephone number |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Email address |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |

\*Please complete either your National Insurance Number or National Asylum Support Service Number.

We need your daytime telephone number or email address so we can let you know the result of your eligibility check.

**Eligibility Criteria for Early Years Pupil Premium**



Please tick this box if you are in receipt of any of the benefits listed below:

* Income Support
* Income-based Jobseekers Allowance
* 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 the family is not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)
* Working Tax Credit run-on (paid for 4 weeks after a family stops qualifying for Working Tax Credit

Please tick the appropriate box if any of the following applies to your child:



* Looked after by the local authority



* Adopted from care



* Left care through a special guardianship arrangement
* Subject to a child arrangement order



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

Surrey County Council will use the information provided above to check eligibility for the Early Years Pupil Premium. We will do this by checking out of work benefit data provided by HMRC and DWP. Once this is confirmed, we will decide how much money your child’s early years provider will receive.

Please complete the declaration below to give us consent to make this check. We will check eligibility when we receive this form and again after your child’s fourth birthday. You are free to withdraw your consent so that your details are not used in future. Whether you register for Early Years Pupil Premium or not will not affect any of the benefits you may be entitled to.

|  |
| --- |
| **Declaration** :  The information I have given on this form is complete and accurate. I understand that my personal information is kept safe and secure, and measures are in place to prevent the loss, misuse or alteration of my personal information and will be used for Surrey County Council’s purposes only.  I agree to Surrey County Council using this information to check eligibility for the Early Years Pupil Premium and to allow my child’s early years provider to claim the Early Years Pupil Premium for my child.  Signature of parent/guardian 1: ........................................................... Date: .............................  Signature of parent/guardian 2: ........................................................... Date: ............................. |

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

**Data Protection Act 1998**

Surrey County Council (the ‘Council’) respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Council and other information available to the Council (‘your information’). In accordance with the Data Protection Act 1998, the Council will use your information, for the purpose of providing support to children, to (a) deal with your requests and administer its departmental functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The Council may share your information (but only the minimum amount of information necessary to do the above and only where it is lawful to do so) with appropriate departments and agencies in accordance with the Multi Agency Information Sharing Protocol (MAISP). Further details including a copy of the MAISP can be found at www.surreycc.gov.uk. If you would like to apply for access to the information we hold about

you please send a written request to the above address.