

## **Early Years Pupil Premium Registration Form**

Registering could provide up to an extra £1,881 for your child's early years provider (school, nursery, preschool 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.

Child's last name	Child's fir name	ct Child's date of birth (dd/mm/yyyy)					Name of school, nursery, pre-school, or childminder													
DfE URN (to be comp childminder):	·	ild's s	choo	l, nu	rser	y, pı	re-s	chc	ol or											
Parent/Guardian de	Parent/Guardian 1								Parent/Guardian 2 (if											
	Farent/Guardian 1							applicable)												
Last name																	,			
First name																				
Date of birth (dd/mi	m/yyyy)																			
National Insurance Number*																				
National Asylum Support Service (NASS) Number*			1		1							1			1					
Daytime telephone	number																			
Email address																				
*Please complete either We need your daytime t your registration.																	es r	ega	ardi	ng
Eligibility Criteria f	or Early Year	s Pu	pil P	rem	ium	1														
Please tick this box if	you are in rece	ipt of	any d	of the	e bei	nefit	s lis	stec	l belo	ow:										
<ul> <li>Income Suppo</li> </ul>	ort																			

- 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)
- Universal Credit and have an annual net earned income of no more than £7,400 (before benefits)

Please tick the	appropriate box i	if any of the following appl	ies to your child:
<ul><li>Left care the Please sen</li><li>Left care and the Please sen</li></ul>	nd us a copy of the nrough a special g nd us a copy of the nd is subject to a	e adoption certificate quardianship arrangement e relevant court order child arrangement order e relevant court order	
Copies of docume House, Bull Hill, Le			es, Finance and Practice Team, Fairmount
Please circle the fu	unded period you	are claiming Early Years I	Pupil Premium from:
Autumn	Spring	Summer	
How the informa	ation in this for	m will be used	
General Data Protomay be shared wit	ection Regulations h and how to removices, Finance and	s 2018. To find out more ove your consent to use y	a secure database in accordance with the about how we use your personal data, who it our personal data at any time, please see the ears Funding Privacy Notice available at
		ow to give us consent to naffect any of the benefits y	make this check. Whether you register for Early you may receive.
purpose. I agree the appropriate g confirm my eligibi informed of the re	that Surrey Coun overnment depart ility for Early Year esult of my check.	ity Council can use this inf tments (HMRC. DWP and is Pupil Premium. I accep	cally and will not be used for any other formation and that it will be checked with Home Office) as allowed by law, to t that my childcare provider will be

Telecommunication (Lawful Business Practice) (Interception of Communications) Regulations 2000. Communication with the local authority (including online transactions) may be subject to monitoring and recording only for purposes permitted by the Telecommunication (Lawful Business Practice) (Interception of Communications) Regulations 2000 in order to prevent or detect a crime, or investigate or detect the unauthorised use of the service.

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

Signature of parent/guardian 2: ...... Date: ......

The provider must keep this form for seven years for audit purposes.