Early Years Pupil Premium Registration Form

**Section 1: About your child(ren)**

(Please complete in ink and CAPITAL LETTERS using your child(ren’s) legal names)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s last name** | **Child’s first name** | **Date of birth** | | | **Name of school provider/ childminder** |
| DD | MM | YY |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Section 2: Family income and benefit details**

(Please complete in ink and CAPITAL LETTERS)

|  |  |  |
| --- | --- | --- |
| Is your joint family income over £16,190 per year? *(Please put an X in the box.)* | Yes | No |

# If you answered ‘Yes’, you do not need to complete the next section and can go straight to the declaration at the end of the form (Section 4).

If you answered ‘No’ and you are in receipt of any of the benefits listed below, please put an X in this box.

Parents and carers who receive any of the following may qualify:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| * Income Support |
| * [Income-based Jobseekers Allowance](https://www.gov.uk/jobseekers-allowance) |
| * [Income-related Employment and Support Allowance](https://www.gov.uk/employment-support-allowance) |
| * Support under Part VI of the Immigration and Asylum Act 1999 |
| * [The guaranteed element of State Pension Credit](https://www.gov.uk/pension-credit) |
| * [Child Tax Credit](https://www.gov.uk/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](https://www.gov.uk/working-tax-credit/further-information) run-on (the payment someone may receive for a further four weeks after they stop qualifying for Working Tax Credit) |
| * [Universal Credit](https://www.gov.uk/universal-credit) provided you have an annual net earned income of no more than £7,400 as assessed by earnings from up to three of your most recent assessment periods |

You may also qualify if your child has:

* been looked after by the local authority for at least one day
* been adopted from care
* left care through a special guardianship order or a child arrangement order in England or Wales

Please put 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 early years pupil premium.

**Section 3: Parent/Guardian details**

(Please complete in ink and CAPITAL LETTERS)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Parent/Guardian 1** | | | **Parent/Guardian 2** | | |
| **Last name** |  | | |  | | |
| **First name** |  | | |  | | |
| **Date of birth** | DD | MM | YY | DD | MM | YY |

\**Complete as appropriate*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **National Insurance\* or NASS Ref Number\*** |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | |
| **Contact phone number** |  | | | | | | | | | |  | | | | | | | | | |
| **Address** |  | | | | | | | | | |  | | | | | | | | | |
| **Postcode** | | | |  | | | | | | **Postcode** | | | |  | | | | | |

**Section 4: Your Declaration**

# Data Protection Notice

Your privacy is important to us. All information is regarded as confidential and any data collected will be processed or disclosed within the limits of the Data Protection Act 2018.

To understand more about why we collect your information, what we do with your information, how you can access your information, your personal information rights, how and to whom to raise a complaint about your information, please visit our privacy notice page at: <http://www.sandwell.gov.uk/privacynotices>

I confirm that the information I have provided above is accurate and true. I understand and agree to the conditions set out in this document and I authorise funding to be claimed, as agreed above, on behalf of my child.

I am happy for my information to be shared with appropriate organisations, for providing and offering services to me.

*Please put an X in the box to confirm.*

|  |  |
| --- | --- |
| **Signature of parent/guardian:** | **Date:** |

**Please return your completed form to:**

**Quality Early Years and Childcare Team | 160 Beeches Road | West Bromwich B70 6HQ**

|  |  |  |
| --- | --- | --- |
| **For office use only** |  |  |
| Checked by: |  |  |
| Date application checked: |  |  |

|  |  |  |
| --- | --- | --- |
| Qualify: | Yes | No |