

Early Years Pupil Premium Application Form



Office use only

School / Setting Name:
DfE or URN number:

If you have a child aged 3 or 4, complete this form for **in full** and return to the child's school or childcare provider.
If you require support completing this form, contact your school or childcare provider

Parental Details

Parent 1										
First name										
Surname										
Date of birth										
Address										
Telephone										
Relationship to the child										
<i>Enter one of the following</i>										
National Insurance number										
National Asylum Support Service number			/			/				

Parent 2, Spouse or Partner Details										
<i>Only include the details if this person lives in the same house</i>										
First name										
Surname										
Date of birth										
Telephone										
Relationship to the child										
<i>Enter one of the following</i>										
National Insurance number										
National Asylum Support Service number			/			/				

Child's Details

Enter your child's details as appears on legal documents.

Firstname						
Surname						
Date of Birth				Gender	Male / Female	
Ethnicity <i>(Eg White British)</i>						

Firstname					
Surname					
Date of Birth				Gender	Male / Female
Ethnicity (Eg White British)					

Firstname					
Surname					
Date of Birth				Gender	Male / Female
Ethnicity (Eg White British)					

Additional Information - Only complete this section if any of the following apply.

1	Is the child looked after by a Local Authority?
Child's name:	
Local Authority:	
Social Worker:	

2	Is the child no longer looked after following adoption, special guardian or residence order?
Child's name:	
Local Authority:	
Social Worker:	

3	Does the child have an Education, Health and Care plan or has special educational needs?
Child's name:	
Health Visitor:	

4	Is the child entitled to Disability Living Allowance (DLA)?
Child's name:	
Health Visitor:	
Please show your school or childcare provider proof of receipt of DLA	

Declaration – to be signed by the all applicants.

I declare that the information I have given is correct. I understand that any false or fraudulent information may make this application invalid and I may be liable to legal proceedings.

I agree to Leicester City Council to use the information provided, at any time, to request and share information with other agencies, schools and childcare settings, including electronic checks of benefits entitlement via the Department for Education Eligibility Checking Service, solely for the purpose of assessing my entitlement to Early Years Pupil Premium (EYPP) and this will be held on a computer database in accordance with the Data Protection Act 1998.

Signed: _____

Signed: _____

Print name: _____

Print name: _____

Date: / /

Date: / /