

EARLY YEARS PUPIL PREMIUM

Dear Parent/Carer

The Early Years Pupil Premium (EYPP)

The EYPP will give our school an extra £302 a year for each child whose parents are in receipt of certain benefits or whose child has been in local authority care or adopted. This additional money will make a significant difference to us in supporting the development and learning for all our children.

Extra funding for early education can influence how well a child does at both primary and secondary school.

How can you help us to receive this funding?

In order to receive this additional funding, we ask that **all parents** with children born between **1 September 2011 and 31 August 2012** to fill in the attached form. This will allow us to check eligibility and claim the additional EYPP for eligible children.

If you have any questions, please speak to the School Office

Yours faithfully
Cannon Lane Primary School

Name of School:

SECTION 1

Child's Details (Please complete in **BLOCK CAPITALS**)

Surname:	First name:	Middle name:							
Address:		Postcode:							
Date of Birth: (dd/mm/yy)	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender: Male / Female
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Please tick if any of the following statements applies to your child

Child who has been looked after by the Local Authority for 1 day or more	<input type="checkbox"/>
Child who has been adopted from care	<input type="checkbox"/>
Child who has left care through a special guardianship arrangement or is subject to a child arrangement (previously known as a residence order)	<input type="checkbox"/>

If you have ticked any of the above please go straight to Section 4 (you do not need to complete family Income and benefit details).

SECTION 2

Family Income and Benefit Details

Is your joint family income over £16,190? (Please place an X in the appropriate box)

Yes No

If **'YES'** you do not need to complete the next section, please go straight to Section 4.

If **'No'**, please place X in the appropriate category below

Income Support	<input type="checkbox"/>
Income based Job Seekers' Allowance	<input type="checkbox"/>
Income-related Employment and Support Allowance	<input type="checkbox"/>
Support under Part VI of the Immigration and Asylum Act 1999	<input type="checkbox"/>
Guaranteed Element of the State Pension Credit	<input type="checkbox"/>
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)	<input type="checkbox"/>
Working Tax Credit run-on	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>

If you have ticked any of the above, please complete Section 3 below (if you are unsure whether you meet any of the above criteria, please also complete Section 3)

SECTION 3

Parent/Carer Details (Please complete for **each** parent/carer living in same household as child in **BLOCK CAPITALS**)

	Parent/Carer 1	Parent/Carer 2 (if applicable)
Surname		
First name		
Date of Birth (dd/mm/yy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship to child		
National Insurance Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Asylum Support Service (NASS) Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact Telephone Number		

SECTION 4

DECLARATION

The information I have given on this form is complete and accurate.

Signature of parent/carer	
Date	

How the information in this form will be used

The information you provide in this form will be used by Harrow Council to confirm eligibility for EYPP.

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.

Thank you for completing this form.