BRENTSIDE PRIMARY ACADEMY

Putting Children First

Headteacher: Caroline Crosdale





EARLY YEARS PUPIL PREMIUM (EYPP) APPLICATION FORM

eligible child. This funding goes to the scho	I to give nurseries and schools a bit of extra money/funding for each old directly to help them offer children what they need to get on with for staff, equipment, supplies, books for the library etc.
I consent to my details being used	to check my child's eligibility for the EYPP.
I consent to my details being used	to check whether my child is eligible for any other funding schemes.
Please complete Sections A, B & D. Only co	omplete Section C if it applies to you.
SECTION A- Child Details	
Full Name	Date of Birth
Address	
Postcode	Telephone No.
SECTION B- Parent/Guardian Det	
Parent/Guardian 1	
Full Name	Date of Birth
(state 'same' if same as above)	Postcode
Email	Telephone No.
NI No. *	NASS No (If Applicable)
Parent/Guardian 2	
Full Name	Date of Birth
Address (state 'same' if	
same as above)	Postcode
Email	Telephone No
NI No *	NASS No

*This information is needed to check if your child is eligible for the Early Years Pupil Premium

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Only complete the information in Section C if it applies to you.

SECTION C- Adoption, special guardianship order or child arrangements order

Signature:	Date:					
Name of parent/guardian (BLOCK CAPITALS)						
my child's nursery/childcar	nal information will be held securely and one provider for the purposes of checking Pand any other funding scheme my child	g my child	's eligib			
The information I have given on this form is complete and accurate.						
SECTION D- Parent/Carer Declaration						
Is your child under a special gua (formally known as a residence	ardianship order or a child arrangements orde order)?	r Yes		No		
If 'yes' have you been granted a	an adoption order by the courts?	Yes		No		
Has your child been adopted fr	om care?	Yes		No		
•	gh adoption, special guardianship or a child ar relevant court order so that you can apply for	-	order ple	ease an	iswer	