



**Chagford C of E Primary School**

Headteacher: Mrs Liz Wiseman

Chair of Governors: Mrs Sheila Mead

# Early Years Pupil Premium Registration Form

## Voluntary Registration

Dear Parent, Carer,

The Early Years Pupil Premium provides vital additional funding to schools for eligible pupils which can be used to provide the best education and support for your child.

To make sure we receive all the government funding to which we and your child are entitled, we need to collect some basic information about you and your child. We would be very grateful if you could complete this form and **return by Monday 1<sup>st</sup> June**.

**ABOUT YOUR CHILD/CHILDREN**

Child's Last Name	Child's First Name	Child's Date of Birth		
		DD	MM	YYYY
		DD	MM	YYYY

**PARENT/GUARDIAN DETAILS**

	Parent/Guardian 1	Parent/Guardian 2
Last name		
First Name		
Date of Birth	D   M   Y	D   M   Y
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"/>
Daytime Telephone Number		
Mobile Number		
Address		
	Postcode:	Postcode:

\* Complete as appropriate