

## “a church school for the whole community”



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**Telephone (01525) 372188**

### Agreement form for Nursery Education Funding.

Child's Forename		Child's Middle names	
Legal family surname		Preferred family surname	
Child's permanent address			
Postcode		Phone number	
Gender		Child's Date of birth	
Parents Date of Birth	Mother: Father:	Parents National Insurance Number	Mother: Father:

Ethnic group		Please state if your child has a special educational need.	
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Please state the number of <b>FUNDED</b> sessions that you are claiming at Pulford Pre-school	Please state the number of <b>NON-FUNDED</b> sessions that you are paying for at Pulford Pre-school
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Please state the number of <b>FUNDED</b> sessions that you are claiming at another setting	Please give the name and address of other setting.
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HMRC voucher code (valid for this term)	
Voucher code validity dates	

Parents signature		Date	
Parents full name			



“love to learn, learn to care”

## REGISTRATION FORM FOR EARLY YEARS PUPIL PREMIUM

We need information about you and your child, to provide the best education and support by making sure we receive all the government funding to which we and your child are entitled.

### ABOUT YOUR CHILD/CHILDREN

Child's Last Name	Child's First Name	Child's Date of Birth			Name of school
		Day	Month	Year	
Number of funded hours child attends school					

### PARENT/GUARDIAN DETAILS

		Parent/Guardian					
Last name							
First Name							
Date of Birth	Day	Month	Year				
National Insurance Number*							
National Asylum Support Service (NASS) Number*		/		/			
Address	Postcode:						

\* Complete as appropriate

Please inform us if your child has:

- |   |     |    |
|---|-----|----|
| • Been adopted from care                  | Yes | No |
| • Left care through special guardianship  | Yes | No |
| • Is subject to a child arrangement order | Yes | No |

The information you provide in this form will be used by the council to confirm eligibility. They will do this by checking out of work benefit data provided by HMRC and DWP. We would like your consent to make this check. This will not affect any of the benefits you may be entitled to.

### DECLARATION

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes.

I agree to the local authority using this information to enable my child's school to claim the early years pupil premium for my child

Signature of parent/guardian: ..... Date: .....