

Early Years Funded Entitlement Parent Declaration Form (from April 2025)

To be completed by the parent of an eligible child together with the provider of early years education.

Section 1 - Declaration

Child's Details	
Child's full legal name	
Forename	
Middle name(s)	
Surname	
Date of birth	(day/month/year)
ID reference	<i>Birth Certificate seen on admission to Shaw Primary Academy</i>
Ethnic origin	
Full home address	
Postcode	

*You will need to reconfirm eligibility every three months when prompted by HMRC via text message and/or email (note 5)

Disability Access Fund (DAF)		
Child is in receipt of Disability Living Allowance (DLA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of nominated provider to receive the DAF payment		
Brief details of discussion between parent/carer and provider regarding what the funds will be spent on		

Parent/Carer Details			
Parent/carer's full legal name			
Forename			
Surname			
Date of birth		(day/month/year)	
National Insurance Number		National Asylum Support Service Number	
Contact phone number(s)			

Early Years Pupil Premium (EYPP)

I give permission to use my details to check my child's eligibility for EYPP under the economic criteria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child is eligible for EYPP under the noneconomic criteria	<input type="checkbox"/> Yes (please state)	<input type="checkbox"/> No

Details of the provider/school that my child will be attending

Provider/school name	Shaw Primary Academy
Provider/school address	Avon Green South Ockendon Essex
Postcode	RM15 5QJ

Total number of hours per week child attends	15
--	-----------

Declaration

I understand that:

- I can claim up to a maximum of 15 funded hours for my child per week, across 38 weeks in the year (570 hours per year).
- If I sign up with a provider, it is my intention to send my child for the funded hours completed on this form. It is fraudulent to sign up to more EYFE hours than my child is actually accessing.
- I must show the provider confirmation of my child's date of birth.
- If eligible for Disability Access Fund, I must give the provider a copy (no originals) of paperwork to show my child is eligible and in receipt of Disability Living Allowance and have nominated only one provider of my choice to receive the one-off Disability Access Fund payment and will discuss how funds will be spent with my provider
- I must provide my name, date of birth and National Insurance or National Asylum Support Service number which will be used by the provider to check eligibility for Early Years Pupil Premium (EYPP), which is paid to the provider. I am aware of how to claim under the non-economic eligibility criteria. If eligible, EYPP and an additional supplement will only apply to the first 15 hours EYFE claimed.

Please read the statements below and tick each box to confirm

- ☐ I will tell the provider if the arrangements or details on this declaration change
- ☐ I have a copy (or taken a photograph) of this completed and signed declaration for my own records.

This form will not be accepted as evidence to support claiming DAF or settle funding disputes without both the parent and provider signing and dating this declaration.

Parent/Carer signature		Print Name	
Date signed by Parent	(day/month/year)		

Provider signature		Print Name	
Date signed by Provider	(day/month/year)		

Information provided on this proforma will be held on a computer system registered under the General Data Protection Regulations (GDPR), 2018. This information is used by the Department for Education in monitoring the use of the funding.

Section 2 – Record of changes to name or address of child or parent/carer for whom the funded hours are claimed (must be attached to original form).

This section should only be used to record any changes to the child/parent or address information provided on the original Parent Declaration overleaf. Each change **must** be signed and/or dated by the parent and the provider where indicated.

I wish to notify you of a change to my child's name, my name and/or our address (please complete details as appropriate below):

Child's Details	
Child's new legal name (as shown in the child's ID reference)	
Forename	
Middle name(s)	
Surname	
Date of birth	(day/month/year)
Full home address	
Postcode	

Parents Details	
Parent/carer's new legal name	
Forename	
Middle name(s)	
Surname	
Date of birth	(day/month/year)
Full home address	
Postcode	

Signatures (required)			
Parent/Carer signature		Print Name	
Date signed by Parent	(day/month/year)		

Provider signature		Print Name	
Date signed by Provider	(day/month/year)		

Note to Provider: Please ensure any changes are updated via the Online Provider Portal when you next submit your child-level headcount claim for this child.