



**CHILD'S NAME:**



## **Important Returnable Forms New Starters Nursery 2026 2027**

Please complete **all** applicable forms in this booklet and return the whole book.

*Please could you also ensure school receive a copy of your child's birth certificate before they start.*

We are unable to enrol your child without the completion of these forms.

Thank you.





## Data Collection Form

All the personal information we hold is held and processed in accordance with data protection legislation. Please refer to the Privacy Notice (located on our website) for details of how personal information is used.

|                                     |  |        |     |
|-------------------------------------|--|--------|-----|
| Pupil Surname                       |  |        |     |
| Pupil Forename(s)                   |  |        |     |
| Date of Birth                       |  | Gender | M/F |
| Full Address<br>Including Post Code |  |        |     |

|   |   |   |   |
|---|---|---|---|
| Parent Name Priority 1                                    |   | Parent Name Priority 2  |   |
| Home Address<br>(if different from above)                 |   | Home Address<br>(if different from above)   |   |
| Home telephone  |   | Home telephone  |   |
| Mobile number   |   | Mobile number   |   |
| Work number   |   | Work number   |   |
| Email   |   | Email   |   |
| Parental Responsibility                                   | YES <input type="checkbox"/> NO <input type="checkbox"/>    | Parental Responsibility   | YES <input type="checkbox"/> NO <input type="checkbox"/>    |
| <i>Permission to be contacted as an emergency contact</i> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | <i>Permission to be contacted by email/text for routine school communications</i> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |
|   |   | <i>Permission to be contacted as an emergency contact</i>                         | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |
|   |   | <i>Permission to be contacted by email/text for routine school communications</i> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |

Please give details of all **other** persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency – continue overleaf if necessary.

|   |   |  |   |   |   |   |   |
|---|---|--|---|---|---|---|---|
| <b>Emergency Contact 1</b>                                |   |  |   | <b>Emergency Contact 2</b>                                |   |   |   |
| Name  |   |  |   | Name  |   |   |   |
| Relationship to family                                    |   |  |   | Relationship to family                                    |   |   |   |
| Home telephone  |   |  |   | Home telephone  |   |   |   |
| Mobile number   |   |  |   | Mobile number   |   |   |   |
| Work number   |   |  |   | Work number   |   |   |   |
| <i>Permission to be contacted as an emergency contact</i> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | <i>Permission to be contacted by email/text for routine school communication</i> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | <i>Permission to be contacted as an emergency contact</i> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | <i>Permission to be contacted by email/text for routine school communications</i> | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |

|  |  |
|--|--|
| <b>Medical Practice</b><br><i>(please include practice name, address and telephone number)</i> |  |
| <b>Please specify any medical condition(s) and continue overleaf if necessary</b>              |  |
| <b>Dietary Requirements</b>  |  |



| Ethnicity | Home Language | First Language | Religion |
|-----------|---------------|----------------|----------|
|           |               |                |          |

|                   |  |
|-------------------|--|
| <b>Signed</b>     |  |
| <b>Print Name</b> |  |
| <b>Date</b>       |  |

**Data Protection Legislation:** The school is registered with the Information Commissioner for holding and processing of personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with other agencies including the Local Authority and the Department for Education. Please see our Privacy Notice for full details of how we use and share the above personal information.

**Please note** that you have the right to withdraw or amend your consent for the sharing of personal information at any time, although we will need to have certain personal information to fulfill our legal duties. You can notify us of a withdrawal of or any changes to your consent in writing by contacting (office@chadsmead.staffs.sch.uk).



## Collection Arrangements Form

Please complete this form with the names of the people you wish to collect your child from school, **including yourself**. It is of paramount importance that you keep this record up to date and inform school of changes throughout the school year. Also please be aware that if the person collecting your child is **not** on the list below we will not allow your child to leave the school premises.

If we are unsure of the person collecting your child we will ask for these details in full, if they are given to us incorrectly we will contact you and not allow your child to leave school.

**Child's Name** \_\_\_\_\_ **Class** \_\_\_\_\_

| <b>First Name</b> | <b>Last Name</b> | <b>Password</b><br>(something memorable and personal to you) | <b>Relationship to child</b> (Mum / Dad / Nan/ friend of family, Aunty, etc) |
|-------------------|------------------|--|--|
|                   |                  |  |  |
|                   |                  |  |  |
|                   |                  |  |  |
|                   |                  |  |  |
|                   |                  |  |  |
|                   |                  |  |  |

If you have the name of somebody you do not want your child to go home with, please indicate this below:

| First Name | Last Name | Legal order? |
|------------|-----------|--------------|
|            |           |              |

**In the case of an emergency you may wish for your child to be picked up from school by somebody who is not named on the above list. If this is the case please inform the school before 3pm, your child will then be taken to the school office for collection and a form of ID will be required by the person collecting your child. Please be aware that this is a security measure and is intended to protect the safety of your child.**

Parent/ Carer Signature \_\_\_\_\_ Date \_\_\_\_\_



## Pupil Premium

Dear Parents/Carers,

The Pupil Premium is additional funding given to state-funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers.

There are 4 elements to Pupil Premium:

1. Free school meal eligibility
2. Service children
3. Adopted from care, special guardianship order and residence order
4. Children in care

Any qualifying family that registers their eligibility (based on the free school meal criteria) will help raise pupil premium money for the school. For 2021-22, the additional funding will be £1,345 for a primary school, for each registered child.

National data and research tells us that children eligible for free school meals tend to do less well, for example in 2014 45% of children eligible for free school meals achieved the expected level at the end of the Early Years Foundation Stage compared with 64% of other children. The Pupil Premium will provide us with extra funding to close this gap and could make a significant difference to your child's education.

We will use the extra funding to improve the quality of the early years education that we provide for your child.

It is well documented that high quality early education can influence how well a child does at both primary and secondary school so we do want to make the most of this additional funding. You may be aware if you have older children that Pupil Premium has proved to have given a real boost to the children receiving the funding. We want to do the same for our early years children entitled to this funding.

We therefore ask that **ALL PARENTS/CARERS** fill in the next form to allow us to claim the Pupil Premium.

Thank you for your support,

Mrs G Grainger  
Headteacher



## Pupil Premium School Funding

### ABOUT YOUR CHILD/CHILDREN

| Surname | First Name | Date of Birth |  |  |
|---------|------------|---------------|--|--|
|         |            |               |  |  |
|         |            |               |  |  |
|         |            |               |  |  |
|         |            |               |  |  |

### PARENT/CARER DETAILS

|                                 | Parent/Carer (1) |  |             |  |               |  |  |  |             |  | Parent/Carer (2) |  |               |  |  |  |  |  |
|---------------------------------|------------------|--|-------------|--|---------------|--|--|--|-------------|--|------------------|--|---------------|--|--|--|--|--|
| Surname                         |                  |  |             |  |               |  |  |  |             |  |                  |  |               |  |  |  |  |  |
| First Name                      |                  |  |             |  |               |  |  |  |             |  |                  |  |               |  |  |  |  |  |
| Date of Birth                   | <i>(DD)</i>      |  | <i>(MM)</i> |  | <i>(YYYY)</i> |  |  |  | <i>(DD)</i> |  | <i>(MM)</i>      |  | <i>(YYYY)</i> |  |  |  |  |  |
| NI Number                       |                  |  |             |  |               |  |  |  |             |  |                  |  |               |  |  |  |  |  |
| NASS Number                     |                  |  |             |  |               |  |  |  |             |  |                  |  |               |  |  |  |  |  |
| Daytime Phone Number            |                  |  |             |  |               |  |  |  |             |  |                  |  |               |  |  |  |  |  |
| Mobile Number                   |                  |  |             |  |               |  |  |  |             |  |                  |  |               |  |  |  |  |  |
| Address<br>(including postcode) |                  |  |             |  |               |  |  |  |             |  |                  |  |               |  |  |  |  |  |



### FAMILY INCOME AND BENEFIT DETAILS

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

Yes  No

If you have ticked **YES** you do not need to complete the next section. Please go straight to the declaration at the end of the form.

If you have ticked **NO** please place an *X* in the box if you are in receipt of any of these benefits:

|  |   |
|--|---|
|  | Income Support  |
|  | Income-based Jobseekers Allowance   |
|  | Income-related Employment and Support Allowance   |
|  | Support from NASS (National Asylum Support Service) under part 6 of the Immigration and Asylum Act 1999 |
|  | The guarantee element of the State Pension Credit   |
|  | Child Tax Credit (with no working tax credit) with an annual income of no more than £16,190             |
|  | Working Tax Credit run-on   |
|  | Universal Credit  |

|  |   |
|--|---|
|  | Please place an <i>X</i> in this box if you are not sure if your family income is over £16,190 or if you are in receipt of one of the benefits listed above, but you would still like us to check whether your child is eligible for free school meals. |
|--|---|

### 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 process my application for free school meals. I also agree to notify the local authority in writing of any change in my family's financial circumstances as set out in this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_





## Parent Declaration for Early Education Funding (EEF)

All sections should be completed to claim Early Education Funding (EEF) for this child.  
All fields are mandatory.

**This form is to be retained by the provider and should NOT be returned to Staffordshire County Council.**

| Provider details                               |
|--|
| <b>Name of provider:</b>                       |
| <b>Address of provider</b><br>(Incl postcode): |

| Childs details   |                |
|--|----------------|
| <b>Childs legal name*:</b><br><small>*I have seen evidence of the child's legal name and DOB (i.e Birth Certificate, Passport or other evidence)</small> | <b>DOB*:</b>   |
| <b>Address</b> (Incl postcode):  | <b>Gender:</b> |

| Ethnicity-tick one option (This is <b>mandatory</b> to generate information for the Early Years Census) |                            |                                |
|---|----------------------------|--------------------------------|
| WBRI-White British  | WEUR-White European        | WOTH-Any other white backgr'nd |
| WEEU-White Eastern European   | BCRB-Black Caribbean       | MWBC-White & Black Caribbean   |
| CHNE-Chinese  | WROM-Gypsy / Roma          | BOTH-Any other Black backgr'nd |
| BAFR-Black African  | MWBA-White & Black African | BAOF-Other Black African       |
| MWAS-White & Asian  | AOTA-Other Asian           | AOTH-Any other Asian backgr'nd |
| AIND-Indian   | MWAI-White & Indian        | OOTH-Any other ethnic group    |
| APKN-Pakistani  | MWAP-White & Pakistani     | MOTH-Any other mixed backgr'nd |
| BOTB-Other black  | REFU-Refused               |                                |

|  |  |
|--|--|
| Eligibility code for 15 funded hrs for 2 year olds (Think2) (if applicable)  |  |
| 11 digit reference code for working parents (if applicable - from Childcare Choices)   |  |
| <b>For 3 &amp; 4 yr olds splitting their funding at more than one provider:</b> if I fall out of eligibility for the extended 15 hours, I wish to keep the universal (first) 15 hours of funding at: (name provider) |  |

| Parent/Carer details                      |  |
|---|--|
| Parent/Carer 1                            | Parent/Carer 2 (if applicable)               |
| <b>Full name</b>                          | <b>Full name</b>                             |
| <b>NINo</b> (or NASS)                     | <b>NINo</b> (or NASS)                        |
| <b>DOB</b>                                | <b>DOB</b>                                   |
| <b>Address</b><br>(if different to child) | <b>Address</b><br>(if different to parent 1) |
| <b>Tel no:</b>                            | <b>Tel no:</b>                               |



### Entitlement Guidelines

- ♦ EEF hours can be claimed between 6am and 8pm up to a maximum of 10 hours.
- ♦ Parents can access the funded entitlement at a maximum of 2 sites in any one day.
- ♦ If applicable, parents must reconfirm their eligibility with HMRC every 3 months to access the working parent entitlement.
- ♦ The Local Authority reserves the right to suspend funding if the provision does not meet the required quality as rated by Ofsted.
- ♦ Depending on how many funded hours have been claimed in the previous two terms, the annual entitlement could be reached before the end of the third term in the year; check with your childcare provider.

### Additional Supplements

Some children are entitled to extra funding based on Government criterion. This funding is paid directly to the child’s provider but can only be accessed if information required to check eligibility is shared.

| <b>Disability Access Fund (DAF)</b>  |            |
|--|------------|
| Children in receipt of Disability Living Allowance (DLA) and in receipt of EEF are eligible for DAF. <b>Is this child in receipt of DLA?</b><br>If ‘Yes’ the provider will need to apply for DAF online via the Early Years Portal and a copy of the child’s most recent DLA award letter will need to accompany the application. If the child attends 2 or more providers the parent will nominate the provider that will receive the funding, as it can only be paid to one provider.                                | <b>Y/N</b> |
| <b>Early Years Pupil Premium (EYPP)</b>  |            |
| Some children are entitled to a premium which the provider can use to support their learning and development (please discuss criterion with provider.)<br>Parent/carer details are required to conduct an eligibility check.<br><b>Does the parent/carer consent to share information?</b><br>If yes, ensure the parent/carer details are entered in full in the box above. (Please note-if details are already on record this check may already have been undertaken).<br>EYPP is only payable on the first 15 hours. | <b>Y/N</b> |

### Signatures

**This form must be signed by the parent/carer to give consent to share personal information in line with GDPR compliance and for the purpose of claiming EEF and other additional supplements.**

**This parent declaration is for the purpose of claiming early education funding and does not replace the contract you may have with your early years provider. By completing this form it is confirmed:**

I have read the Privacy Notice below and understand that any information shared with Staffordshire County Council will be stored in accordance with Data Protection Legislation. I certify that the information given on this form is accurate to the best of my knowledge. I understand that if I give false information or fail to declare my full circumstances, Staffordshire County Council may withdraw the funding for my child and take criminal proceedings against me.

I understand that if my child does not consistently attend for the agreed amount of funded hours, the funding could be reduced or removed in full, meaning that I could incur childcare costs with my provider.

Sections for hours and weeks must be completed once parent and childcare provider have agreed the funded hours that will be claimed.



RESTRICTED



| <b>AUTUMN TERM FUNDING PERIOD (1<sup>st</sup> September-31<sup>st</sup> December)</b> |  |   |  |
|---|--|---|--|
| <b>14 weeks or Stretch 16 weeks</b>   |  |   |  |
| <b>Parent/carer name</b>  |  | <b>Signature</b>                              |  |
| <b>Date</b>   |  |   |  |
| <b>Provider staff name</b>  |  | <b>Signature</b>                              |  |
| <b>No. of funded hours per week to be claimed this term</b>                           |  | <b>Total number of weeks claimed per term</b> |  |
| <b>Is the child claiming EEF hours at another provider? Y/N</b>                       |  | <b>If Y give name of provider</b>             |  |

| <b>SPRING TERM FUNDING PERIOD (1<sup>st</sup> January-31<sup>st</sup> March)</b> |  |   |  |
|--|--|---|--|
| <b>11 weeks or Stretch 12 weeks</b>  |  |   |  |
| <b>Parent/carer name</b>   |  | <b>Signature</b>                              |  |
| <b>Date</b>  |  |   |  |
| <b>Provider staff name</b>   |  | <b>Signature</b>                              |  |
| <b>No. of funded hours per week to be claimed this term</b>                      |  | <b>Total number of weeks claimed per term</b> |  |
| <b>Is the child claiming EEF hours at another provider? Y/N</b>                  |  | <b>If Y give name of provider</b>             |  |

| <b>SUMMER TERM FUNDING PERIOD (1<sup>st</sup> April-31<sup>st</sup> August)</b> |  |   |  |
|---|--|---|--|
| <b>13 weeks or Stretch 20 weeks</b>   |  |   |  |
| <b>Parent/carer name</b>  |  | <b>Signature</b>                              |  |
| <b>Date</b>   |  |   |  |
| <b>Provider staff name</b>  |  | <b>Signature</b>                              |  |
| <b>No. of funded hours per week to be claimed this term</b>                     |  | <b>Total number of weeks claimed per term</b> |  |
| <b>Is the child claiming EEF hours at another provider? Y/N</b>                 |  | <b>If Y give name of provider</b>             |  |





## Privacy Notice

Information that you supply to your childcare provider will be shared with other organisations including Staffordshire County Council. The Local Authority will use the information you provide in order to:-

- Deliver our services and understand your needs
- Maintain and update your customer records or contact details
- Contact you where necessary in relation to the provision of this service
- Obtain your opinion and feedback about the services we provide
- Ensure that we fulfil our legal obligations

Your information may also be shared with other Local Authorities, Childcare Providers and the Department for Education for audit funding requirements or where there is a legal basis to do so.\*

\*If your child stops attending and your provider cannot make contact with you, your information may be shared with the Health Visiting Service to ensure the wellbeing of your family.

Information on how Staffordshire County Council process your information can be found here:-

<https://www.staffordshire.gov.uk/Your-council-and-democracy/Request-and-access-information/Your-personal-information/Overview.aspx>

### **Your rights**

Under the Data Protection legislation, you have a right to make a request for a copy of some or all of your personal information we hold about you. We want to make sure that your personal information is accurate and up to date. You may ask us to rectify or remove information. Please help us to make sure that we have identified you correctly by letting us know when you change address or name.

Further information on your rights can be found at:

<https://www.staffordshire.gov.uk/Your-council-and-democracy/Request-and-access-information/Your-personal-information/Your-information-rights.aspx>

### **Request further information or making a complaint**

Our Information Governance Unit is responsible for handling requests in relation to your information and rights. Send your request in writing to: [accessinformation@staffordshire.gov.uk](mailto:accessinformation@staffordshire.gov.uk) or by telephone: 0300 111 8000

Raising a complaint or concern about the handling of your information, contact the Data Protection Officer: [DPO@staffordshire.gov.uk](mailto:DPO@staffordshire.gov.uk)

Further information on raising concern or complaints is available from the Information Commissioner's Office: <https://ico.org.uk/for-the-public/>

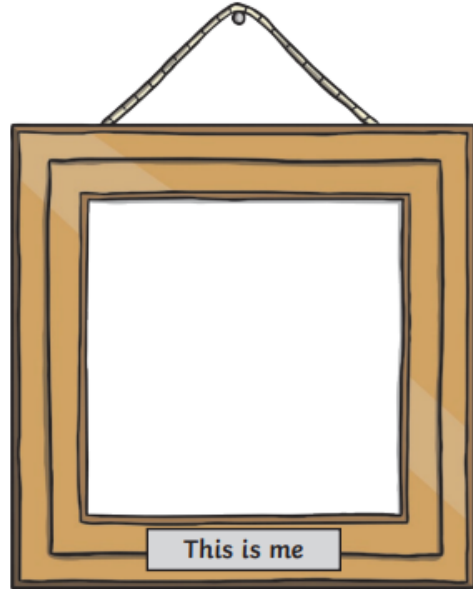
# All about \_\_\_\_\_

I am \_\_\_\_\_ years old

One thing I like is...

One thing I don't like is...

This is my family



My favourite colour is

\_\_\_\_\_

A word that describes me...

When I grow up I want to be...

