



# Parent Declaration Form



**Provider Name:**

**YEOFORD PRIMARY SCHOOL AND FOUNDATION STAGE UNIT**

Parents must complete and sign this Declaration Form (or something similar that the provider has produced) **with each Devon provider your child attends** for their early years entitlement. This will help to ensure that funding is paid fairly between them. Your child can attend provision on a maximum of two sites in a single day and if your child attends more than one provider Devon County Council (DCC) will fund all providers based on the hours your child is booked into those provisions.

## Child's Details (to be completed by the parent/carer)

	First Name	Middle Name(s)	Last Name			
<b>Legal Name:</b>						
<b>Chosen Name:</b>						
<b>Date of Birth:</b>	___/___/_____	<b>Gender:</b>	<b>Male / Female</b>			
<b>Address:</b>						
<b>Postcode:</b>						
<b>Childs ethnicity:</b> (select one) <input type="checkbox"/> Not obtained <input type="checkbox"/> Refused	White-British	White-Irish	Traveller of Irish heritage	Any other white back-ground	Gypsy /Roma	White & Black Caribbean
	White & Black African	White & Asian	Any other mixed background	Indian	Pakistani	Bangladeshi
	Any other Asian back-ground	Black - Caribbean	Black-African	Any other Black back-ground	Chinese	Any other ethnic group
<b>Language spoken at home:</b>						

<b>Document with proof of child's birth date</b> (e.g. birth certificate, passport):		<b>Document details recorded by</b> (name of staff member):	
<b>Date:</b>			

### Parents/Carers Details

<b>Full Name:</b>	
<b>Date of Birth:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

### Free School Meals

The entitlement to free school meals only applies to children in maintained schools; academies and free schools are required to follow the free school meal legislation.

The child must attend both before and after the lunch time period as well as meet the qualifying criteria. This should be borne in mind when choosing attendance times in maintained schools and academies so that your child can have the meals that they are entitled to receive. Go to the [Citizens Portal](#) to apply for a Free School Meal in a school nursery

### Information needed for claiming two-year-old funding

<b>Golden Ticket Number</b>	MM --- / --- or ZZ --- / ---	<b>Date when child is eligible to start:</b>	
<b>Economically eligible parents, carers of DCC looked after children, children with an EHCP &amp; children in receipt of DLA are sent a Golden Ticket.</b>			
<b>Economic eligibility found through the <a href="#">Citizens Portal</a></b>	TYF 878 - _____ - _____		

## Information needed to claim the Extended Entitlement

<b>Parents National Insurance No/ NASS: (9 characters)</b>	_____
<b>30 hours eligibility code: (11 digits)</b>	5 0 0 _____ 1 1 _____

## My child is attending the following providers:

Name of other providers attended:	Please enter the total funded hours attended each day							Total number of hours per week	Number of weeks per year (e.g. 38, 45, 51)
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun		
<b>Funded hours at this provider</b>									
<b>Total daily Funded Hours Attended</b>									

**Providers should keep this form to enable them to claim funding through the Provider Portal: DO NOT SEND IT TO DEVON COUNTY COUNCIL.**

## General Data Protection Regulation Template Consent Form

Your personal data is being used by Yeoford Primary School, part of the Link Academy Trust, for the purposes of claiming early years funding from Devon County Council. We undertake to ensure your personal data will only be used in accordance with our privacy notice which can be accessed via the school website [www.yeoford.devon.sch.uk](http://www.yeoford.devon.sch.uk)

The information provided will be shared with Devon County Council (DCC) who may share it with the Department for Education, Department for Work and Pensions, neighbouring Local Authorities and Her Majesty's Revenue and Customs to confirm your child's eligibility and enable Yeoford Primary School, part of the Link Academy Trust, to claim early years funding on behalf of your child.

For more details read [Devon County Councils Privacy Notice](#)

Please confirm that you give your consent to **[state provider name]** using your personal data as outlined in our privacy notice, by completing the table below.

I give my consent for [provider name] to use my personal data as outlined in their privacy notice.
<b>Signed:</b>
<b>Print name:</b>
<b>Date of consent:</b>

You have the right to withdraw your consent at any time. Should you wish to withdraw consent, please contact **[provide name and contact details]**.

If you wish to exercise any of your rights under the General Data Protection Regulations, please contact our Data Protection Officer **[state name and contact details]**. For more details visit our website.

**DO NOT SEND THIS FORM TO DEVON COUNTY COUNCIL**