

2 Year Old Early Learning Entitlement

Extended Criteria – Application Form



Parent/Guardian Details

Surname

First name

Address

Post Code

Telephone Number

Child Details

Surname	
First name	
Date of birth	
Gender	

Please tick the relevant box

- * Child is in care of a local council
- *Child has a statement of Special Educational Needs (SEN)
- *Child has Education Health Care Plan (EHCP)
- *Child in receipt of Disability Living Allowance (DLA)
- * Child has left care under a special guardianship order, child arrangements or adoption order
- ** Children of Zambrano Carers
- ** Children of families with no recourse to public funds with a right to remain in the UK on grounds of private/family life under Article 8 of the European Convention on Human Rights
- ** Children of a subset of failed asylum seekers (supported under section 4 of the Immigration and Asylum Act 1999 – ‘the 1999 Act’).

**Evidence required*

** This may require a number of different pieces of documentary evidence

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Declaration

I declare that the information I have given on this form is true and complete. I agree to Lewisham contacting other sources as allowed by the law to verify my initial and ongoing entitlement.

'The personal information collected on this form will be used by Lewisham Council for processing your 2 year old early learning entitlement . This information will only be shared with relevant local authority officers in order to facilitate the processing of this application. The Council may also use and share this data with other public bodies in connection with the prevention or detection of fraud and other crime. For more information on how Lewisham Council processes personal data please see our website www.lewisham.gov.uk. '

Signature

Date

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