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| **CONFIDENTIAL** | | | | | | | |  | | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | **FSM16** | | | | | | |
| *8bc0c55e168940fd979ae35d23bb5143BNESPCMonoPC1* | | | | | | | |  | | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | | | | | | | | |
|  | | | | | | | |  | | | **Free School Meal Registration Form**  **Eligible by Benefit (EBB)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | |
| Since September 2014, all pupils in Reception, Year 1 and Year 2 in state funded schools in England qualify for Universal Infant Free School meals (UIFSM), please contact the School.  **Please register** **all primary and secondary aged pupils for Free School Meals - Eligible By Benefit (EBB) if you are in receipt of qualifying benefits as registration will attract additional funding for your child’s school** **for Pupil Premium (£1,320 per Primary pupil and £935 per Secondary pupil for the financial year 2016-17).**  You can register your entitlement for Free School Meals if:   * you have children who attend a school in Bath and North East Somerset, **and** * you are in receipt of any of the qualifying benefits listed overleaf.   How to register   * Call 01225 394317 to make a telephone registration. * Complete this form and return it to the address overleaf. * Visit [www.bathnes.gov.uk/freeschoolmeals](http://www.bathnes.gov.uk/freeschoolmeals) to download and complete a form online. * Fax 01225 395210 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Guardian(s) Details** | | | | | | | | | | | | | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |
| Title | | | Surname | | | | | | | | | | | First Name | | | | | | | | | | | | | Date of Birth  (dd/mm/yy) | | | | | | | | National Insurance  or NASS number | | | | | | | | | | | | | Relationship  to child(ren) | | | | | | | | |
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| **Current Address** including postcode | | | | | | | | | | | | | | | | | | | | | | | | | | | **Previous Address** including postcode  (if you have moved in the last 6 months) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email:**  **Telephone:** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date of Move** (dd/mm/yy)    /    / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Dependent Children** | | | | | | | | | Please list all school age children who you wish to make a claim for. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | First Name | | | | | | | | | | | | | | Date of Birth  (dd/mm/yy) | | | | | | | | | M/F | | | | Name of School(s) | | | | | | | | | | | | | | | | | | | | |
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| **Qualifying Benefits** | | | |  | | | | | | | | |
| **Which benefit(s) do you receive? Please tick this box if you have claimed in the last month** | | | | | | | | | | | | |
| Income | |  | Job Seekers | | |  | Employment | |  | Child Tax Credit | |  |
| Support | | | Allowance | | | | Support Allowance | | | (**without any** Working  Tax Credit **and** have and annual household income (as assessed by HMRC) below £16,190) | | |
|  | | | (Income Based **only)** | | | | (Income Related **only)** | | |
| Pension |  | | Working Tax | |  | | Asylum Seeker |  | | Universal Credit |  | |
| Credit | | | Credit **4 week run-on** | | | | (Support under PartV1 of the  Immigration & Asylum Act 1999 | | | (during the **initial rollout** of  this benefit)  ***PLEASE PROVIDE PAPER PROOF*** | | |
| (Guaranteed Element  only) | | | **(which is only paid for 4 weeks**  **after you stop qualifying for WTC)** | | | |

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| **Additional Comments:** |

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| The Local Authority will check your eligibility to qualifying benefits on your behalf using the DFE online Free School Meal Eligibility checking service. Your National Insurance or National Asylum Seeker Support Number and Date of Birth must be completed clearly and accurately. | | | |
| **Declaration**: I agree to notify the Free School Meal team immediately if there is any change in my circumstances. I agree that the Local Authority can use the information provided to process  my registration for Free School Meals using the DFE online Free School Meal Eligibility Checking Service and may contact other agencies to verify my initial and on-going entitlement. | | | |
| **Signature of Parent/Guardian** |  | **Date** | /    / |

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| **Send your completed form to:** [**freeschoolmeals@bathnes.gov.uk**](mailto:freeschoolmeals@bathnes.gov.uk) | | | | | | | | | | |  |  |  |  |  |  |  |
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| or: | **Free School Meals** (Postal Address)  Children’s Service Finance  Bath & North East Somerset Council  Lewis House  Manvers Street  Bath  BA1 1JG |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **If you have any queries or would like to register by telephone, please contact us:**  Telephone: (01225) 394317  Email: [freeschoolmeals@bathnes.gov.uk](mailto:freeschoolmeals@bathnes.gov.uk) | | | | | | | | | | | | | |

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| OFFICIAL USE **ONLY** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **CTC LINE** | | | | | **FSM HUB** | | | | | **Eligibility CONFIRMED** | | | | |  |  |  | **INITIALS** | | | | | **DATE** | | | | |  |
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