CONFIDENTIAL FSM25								
Some	& North East erset Council	E	Benefit Re	lated	d Free	Sch	ation Form nool Meals	
							in England qualify for U this type of free schoo	
(BRFS) for you pupil for You can  Out Out Out Out Out Out Out Out Out Ou	M) - if you are in ur child's school or the financial you register your en you have children Shepton Mallet or are in receipt of an How to register:  Complete this formaddress overleaf.  Visit www.bathnes	receipt I for Purear 202 titlement who at if your on y of the mand e	of qualifying pil Premium 5-26). It for Benefit Ratend a school child is receiving qualifying beamail it to emai	bene (£1,5°) elated in Bang edinefits I it to feals to e regis	fits as rate of the second of	egistrender of the color of the	East Somerset, The Mise than at school (EC	tional funding er Secondary  Mendip School, oTAS) and you return it to the e.
Paren	nt/Guardian(s) [	Details		<del> </del>		·		
Title	Surname		First Name		Date of (dd/mr		National Insurance or NASS number	Relationship to child(ren)
					/	/		
					/	/		
Curren	t Address includ	ing post	code				dress including postco noved in the last year)	de
Email, Teleph	please write clea	arly:			Date of	Move	e (dd/mm/yy) / /	
Dependent Children Please list all school age c			hildren v	vho yo	ou wish to make a clain	n for.		
Surname F		FIRST Name		e of Birth /mm/yy) Name of School(s) and		Start Date		
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Qua	alifying Benefits								
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Inco Sup	pome	Job Seekers Allowance (Income Based <b>only)</b>			/ment rt Allowance Related <b>only)</b>	e	(without Tax Cred	ax Credit  any Working lit and have and and income (as asses	
Cre	ranteed Element	4 Week Run on Working Tax Credit (which is only paid for after you stop qualify WTC)		(Support	n Seeker under PartV1 ion & Asylum		University Provided net earned pay) of net assessed to 3 of you assessmiconfirm	sal Credit you have an annualed income (take home of the form of t	ne (as p
No Ac		ents: Please also	confirm	your UC	payment (	date if a	pplicabl	e.	
Free	e School Meal Eli	will check your elig igibility Checking S I Date of Birth mus	System. Yo	our Natio	nal Insurar	nce or Na	ational A		<b>!</b>
infor this othe	mation is held sec information to prod	ormation I have given urely and will be use cess my application to vices. I also agree to out in this form.	ed only for for free sch	local autl nool mea	nority purpos s and share	ses. I agre with othe	ee to the I r Council	ocal authority usin departments to of	g fer
Sig	nature of Parent	:/Guardian					Date	/ /	
Sen	d your complete	ed form to: freeso	hoolmea	ls@batl	nes.gov.u	<u>k</u>			
or:	People & Comr	leals (Postal Address munities Finance ast Somerset Coul		<b>telep</b> l Telepl	have any one, pleas none: (0122 freeschool	se conta (25) 3943	ct us: 17	d like to register gov.uk	by
OFF	FICIAL USE <b>ONL</b>		Eliaih	aility					<del></del>
	CTC LINE	FSM HUB	Eligib	MILLY		INITI	ALS	DATE	

CTC LINE	FSM HUB	Eligibility CONFIRMED

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