

**Free School Meal Registration Form  
Benefit Related Free School Meals**



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 your child's school for this type of free school meal.

**Please register all primary and secondary aged pupils for benefit related free school meals (BRFSM) - if you are in receipt of qualifying benefits as registration will attract additional funding for your child's school for Pupil Premium (£1,480 per Primary pupil and £1050 per Secondary pupil for the financial year 2024-25).**

You can register your entitlement for Benefit Related Free School Meals if:

- you have children who attend a school in Bath and North East Somerset, The Mendip School, Shepton Mallet or if your child is receiving education otherwise than at school (EOTAS) **and** you are in receipt of any of the qualifying benefits listed overleaf.

**How to register:**

- Complete this form and email it to email it to [freeschoolmeals@bathnes.gov.uk](mailto:freeschoolmeals@bathnes.gov.uk) or 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.
- Call 01225 394317 to make a telephone registration – please leave a message if you reach our answerphone and we will return your call.

Parent/Guardian(s) Details					
Title	Surname	First Name	Date of Birth (dd/mm/yy)	National Insurance or NASS number	Relationship to child(ren)
			/ /		
			/ /		
<b>Current Address</b> including postcode			<b>Previous Address</b> including postcode (If you have moved in the last year)		
<b>Email, please write clearly:</b>			<b>Date of Move</b> (dd/mm/yy) / /		
<b>Telephone:</b>					

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)	Name of School(s) and Start Date
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		/ /	
		/ /	

**Qualifying Benefits**

**Which benefit(s) do you receive? Please tick this box if you have claimed in the last month**   
**The date you expect your first Universal Credit Payment if known?**

Income Support <input type="checkbox"/>	Job Seekers Allowance (Income Based <b>only</b> ) <input type="checkbox"/>	Employment Support Allowance (Income Related <b>only</b> ) <input type="checkbox"/>	Child Tax Credit <input type="checkbox"/> <b>(without any</b> Working Tax Credit <b>and</b> have and annual household income (as assessed by HMRC) below £16,190)
Pension Credit (Guaranteed Element only) <input type="checkbox"/>	<b>4 Week Run on Working Tax Credit</b> <input type="checkbox"/> <b>(which is <u>only</u> paid for 4 weeks after you stop qualifying for WTC)</b>	Asylum Seeker <input type="checkbox"/> (Support under PartV1 of the Immigration & Asylum Act 1999)	<b>Universal Credit</b> <input type="checkbox"/> Provided you have an annual net earned income (take home pay) of no more than £7,400 (as assessed by earnings from up to 3 of your most recent assessment periods). <b>Please confirm your expected UC payment date in comments below.</b>

**Have you previously received Benefit Related Free School Meals?**

Yes

No

**Additional Comments: Please also confirm your UC payment date if applicable.**

The Local Authority will check your eligibility to qualifying benefits on your behalf using the DFE online Free School Meal Eligibility Checking System. Your National Insurance or National Asylum Seeker Support Number and Date of Birth must be completed clearly and accurately.

**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 and share with other Council departments to offer other benefits and services. 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.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date**    /    /

Send your completed form to: [freeschoolmeals@bathnes.gov.uk](mailto:freeschoolmeals@bathnes.gov.uk)

or: **Free School Meals** (Postal Address)  
 People & Communities 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)

**OFFICIAL USE ONLY**

CTC LINE	FSM HUB	Eligibility CONFIRMED

INITIALS	DATE