

Registration Form/School Social Action Application

Division of Economic and Social Development - Education

1st CYCLE OF BASIC EDUCATION (CEB – Ciclo de Ensino Básico)

School Meals/School Record Books/Family Support Component/School Transportation

School Year ____/____

To be filled in by the Education Services	To be filled in by the Education Services	To be filled in at the One-Stop Shop
Echelon: _____	Family Support Component Echelon: _____	Date: ____/____/____
Date: ____/____/____	_____	Entry Code _____
Signature: _____	Family Support Component monthly fee: _____	Signature: _____

1st CEB School of: _____

1st Registration
Renewal

Student ID	
Full Name:	
Citizen Card No.:	Expiry Date:
Tax ID.:	Date of Birth:
Social Security Family Allowance Echelon:	School grade to attend:

Guardian		
Full Name:		
Address:	No.:	
Zip Code:	Town:	Parish:
Citizen Card No.:	Expiry Date:	
Tax ID:		
Email:	Contact:	

Intended Services					
Meals	Lunch <input type="checkbox"/>				
Morning Snack	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Afternoon Snack	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>

Município de Arganil

Type of Specific Diet (Fill in if applicable)
<input type="checkbox"/> Food allergies and/or intolerances (please attach the corresponding medical prescription) <input type="checkbox"/> Ethnic, religious or cultural reasons (Mention the food to be taken out of the student's meals) _____ <input type="checkbox"/> Vegetarian Diet (excludes all food and ingredients of animal origin - meat, fish, eggs, milk and derivatives, honey)
School Record Book <input type="checkbox"/>
School Transport <input type="checkbox"/>
Place of Departure/Arrival:
Transport Card No.:

Family Support Component (Componente de Apoio à Família - CAF)	
1 st CEB School of Pombeiro da Beira	
Morning Schedule: from 07:45 a.m. to 09:00 a.m. <input type="checkbox"/>	Afternoon Schedule: from 05:00 p.m. to ____ p.m. <input type="checkbox"/>

Household Information (Optional - For School Social Action requests)		
Degree of kinship	Name	Employment situation
1 – Father		
2 – Mother		
3 – *		
4 – *		
5 – *		

* - Sibling(s), grandparents, uncles/aunts, etc

VI – Confirmation of the Parish(es) Council/Union regarding the composition of the Household and Place of Residence.

Date: ____ / ____ / ____

Signature of the Guardian:

The President of the Parish Council
(Stamp)

ADDITIONAL INFORMATION

1. The personal data collected in this request are necessary, solely and exclusively, to comply with the provisions of Article 102 of the Administrative Procedure Code (CPA), Article 17 of Decree-Law No. 135/99 of 22 April and/or the provisions of the specific legislation applicable to the request made.

2. The processing of the data referred to in point 1 by the Municipality of Arganil will comply with current legislation on the protection of personal data and will be carried out on the following conditions:

- **Processing controller** - Municipality of Arganil;
- **Purpose of processing** - Compliance with a legal obligation (CPA and/or specific legislation applicable to the request made) or necessary to carry out a task in the public interest;
- **Recipient(s) of the data** - Municipal department with competence to analyse or intervene in the request, in accordance with the municipal organisation in force;
- **Retention of personal data** - Period defined in the legislation applicable to the request;

3. For more information about the Municipality's privacy practices please visit our website at www.cm-arganil.pt or send an email to dpo@cm-arganil.pt / rgpd@cm-arganil.pt.

4. The documents submitted in the context of this application are administrative documents, and access to them will therefore be in compliance with the regime for access to administrative and environmental information and reuse of administrative documents (Law No 26/2016 of 22 August).

Município de Arganil

To be returned to the Guardian

Educational Establishment: _____ School year: ____/____

Student Name: _____

Employee Signature: _____ Date: ____/____/____
(Municipality's Stamp)

VII – Statement of Responsibility

The Guardian undertakes full responsibility under the terms of the law for the accuracy of all statements in this Bulletin with knowledge that false statements imply, in addition to legal proceedings, the immediate cancellation of the support granted or replacement of the amount received.

After being completed by the Guardian, with confirmation of the composition of the household and place of residence by the respective Parish Council, it will be handed over to the One-Stop Shop, until 15 June.

Attached documents (Optional - Only for those requesting support)

- ✓ 1 Photograph of the student (for those who request a transport card for the first time, expiration of the same, change of school or residence).
- ✓ Photocopy of the IRS Model I or 2 Statement, or IRC, as the case may be, to justify the revenues and expenses declared (Year). In cases of exemption, they must provide proof of salary receipts and respective discounts for social security (Year).
- ✓ Photocopy of the Statement of the Family Allowance Echelon and the amount received, for each of the items covered, duly updated
- ✓ All income or non-existence of such income must be duly substantiated.
- ✓ Photocopy of pensions received, namely:
- ✓ Old age; disability; survivor (for widowhood); and child support (in the case of divorced or separated parents)
- ✓ If beneficiaries of the Social Insertion Income benefit, Statement of Benefits Received, issued by the Local Social Security Services.
- ✓ Photocopy of the rent receipt, for the three months immediately prior to the application, or Statement of the lender, for the purchase of own and permanent housing.
- ✓ Health expenses (charges in the IRS Statement, or supporting documents).
- ✓ Unemployment will be confirmed by a statement issued by the Local Social Security Office and by registration with the Employment Centre, stating the amount of benefit received, with an indication of the beginning and end and, in the absence of this, an indication of non-assignment.

All applications submitted after the deadline (15 June) will only be considered on the basis of the justifications provided.

NOTE:

A - If there are siblings applying for School Social Action (1st Cycle of Basic Education and Pre-School Education - Meals, School Record Books and Animation and Family Support Activities), the documents should appear only in one of the Application Forms, in which the sibling(s) are identified, so as to avoid duplication of documents.

B – Also in these cases, a single Application Form should be recognized by the Parish(es) Council/Union.

Annex

School Snack

Complete composition of School Snacks

School Period – Preschool and 1st Cycle

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	School Milk + Bread with butter	School Milk + Marie Biscuit (Individual Portion - 5 Unit)	School Milk + Bread with butter	School Milk + Bread with cheese	School Milk + Bread with butter
Afternoon	Plain Milk + Bread with cheese	Yogurt + Seasonal Fruit (RFE*)	Yogurt + Bread with cheese	Seasonal Fruit (RFE*) + Marie Biscuit (Individual Portion - 5 Unit)	Liquid Yogurt + Muffin (Individual Portion - 35g)

Non-School Period – Preschool and 1st Cycle

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Chocolate Milk + Bread with butter	Chocolate Milk + Marie Biscuit (Individual Portion - 5 Unit)	Chocolate Milk + Bread with butter	Chocolate Milk + Bread with cheese	Chocolate milk + Bread with butter
Afternoon	Plain Milk + Bread with cheese	Yogurt + Seasonal Fruit	Yogurt + Bread with cheese	Seasonal Fruit + Marie Biscuit (Individual Portion - 5 Unit)	Liquid Yogurt + Muffin (Individual Portion - 35g)