

FOR OFFICE USE ONLY

Establishment No.		Code	Remarks
Contract or SST Ref			

Application for Travel Assistance for Pupils under the age of 16

(Please complete in ball-point pen and use BLOCK capitals)

Ethnicity	First Name(s) (in full)	Surname	Please state Male/Female
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1. Permanent home address (Please ensure that Post Code is completed)	[Address Line 1]		2. Date of Birth	Tel No.	[Tel No.]
	[Address Line 2]			Fax No.	[Fax No.]
	Post Code			E-mail	
Height	[Height]	Receipt of Free School Meal	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		Maximum Working Family Tax Credit	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		A photocopy of certificate attached	<input type="checkbox"/>		

3. Name of School [School Name] [Address]

If not the 'designated' or 'nearest' school for your home address, please state reasons for this

If your application is being made on denominational grounds, you must complete this section of the form - Either section A or B will apply

SECTION A. I hereby certify that either the pupil or the parent adheres to the religion and denomination of the stated school

Signed Local parish vicar/parish priest.....
Name of Parish Please print name and title Date

SECTION B. A photocopy of either pupil or parent's baptism certificate is attached (please tick if this is an additional application to a family ticket)

I have read the Guidance Notes and would like to apply to the Vacant Seat Payment Scheme if a route is available

4. (a) If application is because of change of address, please state previous address and date of move and ensure new address is completed in section 1.
.....
Date of move

(b) Particulars of any External Examination courses already being followed at the time of the move:-

Name of Course (e.g. G.C.S.E.)	Subjects	Date of Examination
.....
.....

5. Do you have any details of how the journey will be made? e.g. by local service bus, train, contract bus. [Details]

PLEASE NOTE THAT THE PASSENGER TRANSPORT GROUP WILL DECIDE UPON THE FORM OF ASSISTANCE PROVIDED

Please state preferred Boarding Point if known [Boarding Point]

Please indicate required journeys AM Journey Only PM Journey Only Both

6. School previously attended and date of leaving [School Name] [Date]

7. CERTIFICATION BY PARENT / GUARDIAN

I declare that I have read the information and agree to the conditions. I will notify the County Council of any changes to these details in the future. I understand that my address details may be shared with the service operator for the purposes of the ticket distribution and a photo may be required. I understand that pupils without a pass may be refused transport. I will notify the County Council of any changes to these details in the future.

Signature of parents/guardians [Signature] Date [Date]
Please print full names and title [Name and Title]

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Action	Initial	Date
Rider data input/Passed to Co-ordination		
Allocated to transport/Data input		
Letter requesting payment		
Letter/ticket requested		