



OFFICIAL USE ONLY:

STUDENT ID

T&B (0-16) Approved: Over 2/3m: Bus Refused: - attach application assessment checklist

Transport from: to: Officer: Date Approved:

ITU: Route: Boarding Point:

Allocated by: Date Allocated:

Please indicate (tick relevant box below) whether you are applying for home to school transport to a:

Primary, Infant or Junior School

Secondary School

**PLEASE NOTE:
INCOMPLETE
APPLICATION FORMS
CANNOT BE ASSESSED**

SECTION ONE: DETAILS OF JOURNEY

NAME OF SCHOOL		Date transport required from	
ROUTE NO /BUS OPERATOR			
BOARDING POINT			

The Transport & Benefits Team, in conjunction with the Integrated Transport Unit, decides the form of travel assistance provided and will always provide a bus pass for a student where this facility is available. If the Authority needs to make alternative arrangements we will contact you.

*Please Note the Route No/Bus Operator and Boarding Point information is **mandatory**, failure to supply at least the Boarding Point will result in the bus pass not being supplied or being supplied with the wrong boarding point this in turn will result in a fee being charged for a replacement pass*

SECTION TWO: PUPIL & CONTACT DETAILS

PUPIL Surname:	PUPIL First Names (IN FULL)	MALE	FEMALE
		<input type="checkbox"/>	<input type="checkbox"/>
	Date of birth	<input type="text"/>	<input type="text"/>
PERMANENT HOME ADDRESS (Please ensure that post code is completed)			
	Postcode	<input type="text"/>	<input type="text"/>
PARENT/CARER NAME	PARENT/CARER CONTACT NUMBER	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS	EMERGENCY CONTACT NUMBER	<input type="text"/>	<input type="text"/>
ALTERNATIVE CONTACT NAME	ALTERNATIVE CONTACT NUMBER	<input type="text"/>	<input type="text"/>

Please tick the relevant box below if you are in receipt of the following: * Please ensure that you fill in this part of the application form as you may be eligible for free transport under the low income policy, different distance rules apply *

Free School Meals Yes / No **Maximum Working Family Tax Credit** Yes / No

I attach a photocopy of certified documented evidence of Tax Credits Award Notice (all pages) (please tick) **PLEASE NOTE PHOTOCOPIES OF TAX AWARDS NOTICE OR EVIDENCE WILL NOT BE RETURNED. THERE IS A CHARGE PER SHEET FOR ORIGINALS TO BE PHOTOCOPIED IN RECEPTION.**

To verify the student being in receipt of free school meals please provide the following information of claimant:

National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Surname	<input type="text"/>
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SECTION THREE: REASON FOR THIS APPLICATION

Change of address	<i>*You must notify the school to change the address as this will delay the issue of the new bus pass. The bus pass will only be issued once the new address is current on the schools computer system*</i>	Date of Change	/ /	OLD ADDRESS:
Change of School		Date of change	/ /	Reason for change:
Other reasons	Give details:			
Please provide any further information that might be useful regarding your application:				

SECTION FOUR: AGREEMENT

Agreement: I declare that I have read the information and agree to the conditions. I have explained the code of conduct to my child and ensure their understanding. I understand that my 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

You will only receive notification from the Transport & Benefits Team if your application has been refused after assessment. Please be aware that during the peak period for applications from April to August applications may take longer to process. If you are applying for a pass for the new academic year starting in September application forms should be completed and returned as soon as possible, and by the 31st May 2012 at the latest to ensure that the bus pass is delivered in time for the start of term.

WE RESERVE THE RIGHT TO RE-ASSESS THIS APPLICATION

SIGNATURE OF PARENT/CARER	
PARENT/CARER NAMES AND TITLE	
SIGNATURE OF CHILD (IF SECONDARY SCHOOL AGE)	

PLEASE DO NOT MARK ON FORM BELOW THIS BOX – FOR OFFICIAL USE ONLY

STATUTORY DISTANCE	OVER 2/3	UNDER 2/3	NOT NEAREST				DATE OF ASSESSMENT
UNAVAILABLE ROUTE	NEAREST	NOT NEAREST	NOT UNAVAILABLE	ROUTE TO BE ASSESSED			ASSESSED BY
LOW INCOME (2-6)	NEAREST OR NEAREST 3	UNDER 2/3	NOT NEAREST/OVER 6		NOT LOW INCOME		FSM CHECK / MAX WTC
LOW INCOME FAITH SECONDARY	NEAREST 2-15 & FAITH	UNDER 2 OR OVER 15	NOT NEAREST	NOT FAITH	NOT LOW	NOT FAITH SCHOOL	H 2 S PRIMARY
IN YEAR-APPLICATION	NEAREST SCHOOL WITH SPACE 2/3		NOT NEAREST WITH SPACE				H 2 S SECONDARY
MANAGED MOVE FAP VPAP PRS EXCEPTIONAL SHORT TERM MEDICAL (PLEASE CIRCLE)			PASS TO SENIOR OFFICER				