|  |
| --- |
| **E7/10**  **APPLICATION FOR HOME TO SCHOOL TRAVEL COSTS**  ***PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS*** |

|  |  |
| --- | --- |
| Surname of Pupil |  |
| Forename of Pupil |  |
| Date of Birth  (*Day, Month, Year)* |  |
| \*Address |  |
| Postcode |  |
| Date on which pass is required to start for the purpose of attending school  (*Day, Month, Year)* |  |
| Bus/rail stops for which pass is required.  *Please give town followed by name of stop, eg Preston Black Bull. If you are unsure of the stops, please leave blank)* | |
| From: | |
| To: | |
| Name of school pupil will attend |  |
| Name of school pupil attended last year |  |
| If you have moved to the address given at \* above during the last 12 months, please give old address: |  |
| Date of move:  *(Please provide evidence of date of move)* |  |
| Is this an application for the renewal of last year's pass? | Yes / No  *(Please delete as appropriate)* |
| Is there another brother or sister travelling to the same school? | Yes / No  *(Please delete as appropriate)* |

Continued …………….

|  |  |
| --- | --- |
| Surname of parent/guardian |  |
| Forename of parent/guardian |  |
| Title | Mr / Mrs / Ms / Miss / Other  *(Please delete as appropriate)* |
| \*\*Home telephone number |  |
| Daytime telephone number if different from \*\* above |  |
| Email address |  |
| **IMPORTANT**  **PLEASE NOTE THIS APPLICATION CANNOT BE PROCESSED UNLESS A PHOTOGRAPH IS ATTACHED FOR SECONDARY SCHOOL PUPILS** | **As you are returning this application electronically, please attach a digital passport style photograph of your child to the same email that you will use to return this form. Please send the photograph in the jpeg (.jpg) file format.** |
| Is your child entitled to free school meals (even if you are not claiming)? | Yes / No  *(Please delete as appropriate)* |
| **If No**, are you in receipt of the maximum amount of Working Tax Credit? (If so, please attach a copy of your Awards Notice as issued by HM Revenue and Customs) | Yes / No  *(Please delete as appropriate)* |
| Is your child less than 135 cm (4'5") in height? | Yes / No  *(Please delete as appropriate)* |
| *This information is required for pupils who may travel to and from school in vehicles with less than 16 seats which are contracted by the County Council. If the pupil is under 12 years of age and less than 135 cm in height, they will be required to be issued with booster cushions/seats by the County Council for travelling in these vehicles.* | |
| If you wish to add any information in support of your application, eg child's medical needs/suitability of walking route/parental disability, then please add the details here or attach a separate sheet. | |
| **Declaration**  **I hereby declare that all the information given on this form is true to the best of my knowledge and belief, and undertake to inform the County Council should any relevant circumstances change. In the event that my child should be identified as being involved in any incident of anti-social behaviour on home to school transport, I consent to the disclosure of my child's details to the relevant transport contractor.** | |
| Signature | Date |