

Please use CAPITALS
**APPLICATION FOR PRIMARY SCHOOL
 TRANSPORT**

PUPIL DETAILS

Surname

Forenames

Date of Birth Male/Female (Tick) M F

Full Home Address

 Town
 County
 Post Code Tel. No. Incl. STD Code

PARENT/GUARDIAN DETAILS

Title Surname Forename

Address if different from above (otherwise leave blank)

 Town
 County
 Post Code Tel. No. Incl. STD Code

School to be attended

Starting Date at School

If this is not your nearest school - give reason for your choice

Why are you applying for assisted travel? (Please Tick)

- Child under 11 (at 31 Aug) and live over 2 miles from school
- Concessionary fare (take up spare places - termly charge)
- Medical grounds
- Special educational needs
- Other (please specify)

Please read 'Your Guide to Assisted School Transport' to help you decide which to select.

TRANSPORT DETAILS

What is the distance between your home and preferred school? Miles

SCHOOL BUS

1. Name of Bus Stop/Pick Up point from which you would like to be collected (Leave blank if not sure)

Is this a school Bus/Ordinary Bus/Taxi? Delete as appropriate

2. If your journey involves a change of Bus/Vehicle please repeat similar information for the second journey. Bus stop? Pick up point

Is this a school Bus/Ordinary Bus/Taxi? (Delete as appropriate)

3. If you selected ordinary bus you should receive a Season Ticket. Fare per day is

OR MILEAGE ALLOWANCE/REIMBURSEMENT

Please see 'Your Guide to Assisted School Transport'. Return miles/Day

OR TRAIN

Name of nearest station to home

I **DECLARE** that I have been provided with a copy of and agree to the terms contained within the Assisted School and College Transport Code of Conduct. I confirm that the above information is correct to the best of my knowledge. I understand that the LEA may seek confirmation of the details.

I **UNDERTAKE** to return to the LEA any ticket issued to me by the LEA or refund the appropriate portion of any mileage allowance if my child leaves school before the end of the academic year, or otherwise becomes ineligible to receive assisted travel.

Signed Date

PLEASE NOTE: Any claim suspected to be fraudulent will be referred to the County Borough Solicitor for investigation.

RETURN TO: Site Management Division, Education Services, Government Buildings, Dinerth Road, Llandrillo yn Rhos, Colwyn Bay LL28 4UL
 Phone: 01492 575595 Fax: 01492 541311

OFFICE USE ONLY

Date Received

Pupil Ref. Number

Assessed by

Signature

C Code

DFE

Reason

1 Route

2 Route

