

Please use CAPITALS

APPLICATION FOR COLLEGE TRANSPORT

STUDENT DETAILS

Surname	<input style="width: 100%;" type="text"/>				
Forenames	<input style="width: 100%;" type="text"/>				
Age	<input style="width: 40px;" type="text"/>	Date of Birth	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	Male/Female (Tick)	M <input style="width: 20px;" type="checkbox"/> F <input style="width: 20px;" type="checkbox"/>
Full Home Address	<input style="width: 100%;" type="text"/>				
	<input style="width: 100%;" type="text"/>				
	Town			County	
	Post Code	Tel. No. (Incl. STD Code)		<input style="width: 100%;" type="text"/>	

COLLEGE DETAILS

College to be attended	<input style="width: 100%;" type="text"/>
Starting Date	<input style="width: 80px;" type="text"/>
Expected leaving date from college	<input style="width: 100%;" type="text"/>
Course details	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>

(Please use additional sheet if you need more space)

If this is not your nearest College, give reasons for your choice

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.

EITHER 1. I am aged 18 or over and I declare that the above information is correct to the best of my knowledge. I understand that the LEA may seek confirmation of the details.

Signed Date

OR 2. I am the parent or guardian of the above named student who is under 18 years of age. I declare that the above information is correct to the best of may knowledge. I understand that the LEA may seek confirmation of the details

Signed Date

PLEASE NOTE:
Any claim suspected to be fraudulent will be referred to the Chief Legal Officer 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 S

Pupil Ref. Number

Assessed by

Signature

C Code

DFE

Reason S

Miles

VM	<input style="width: 40px;" type="text"/>
ESC	<input style="width: 40px;" type="text"/> S

Route

Contract type Pick up type

S

