

Please use CAPITALS  
**APPLICATION FOR SECONDARY 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

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

Starting Date at School

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

Pupil living over 3 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, Social Care & Education Services, Government Buildings, Dinerth Road, Rhos on Sea, 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

