S20

APPLICATION FOR SCHOOL TRANSPORT ASSISTANCE

Please read the attached leaflet to ensure your child is eligible for transport before completing this form

PART 1 – CHILD'S DETAILS

Surname/Family Name:	
First and Middle Name(s):	
Gender:	Male ☐ Female ☐ Please tick
Child's Address:	Post Code:
Parent's Telephone Number:	
Parent's Email Address:	
Child's Date of Birth, Age & Year Group:	DD / MM / YY / Age of Child / Year Group
School Your Child Requires Transport To:	

Are you applying because of a change of address or school? Yes ☐ No ☐ Please tick

Previous Address (if change of address):	Post Code:
Previous School:	
Date of Change:	
Date transport required:	

Do you consider your child to be Looked After in the care of a Local Authority (LA) or was your child previously looked after by a LA: Yes ☐ No ☐ Please tick

Does your child have an Education, Health and Care Plan or a Statement of Special Educational Needs (SEN) Yes ☐ No ☐ Please tick

Failure to provide the documents will result in your request for travel assistance being refused. Please complete this form and email to schooltransportteam@durham.gov.uk or return to School Places and Admissions (Transport Entitlement), Children and Young People's Services, Durham County Council, County Hall, Durham DH1 5UJ. If you require assistance to complete this form please contact 03000 265896. If you wish us to assess your application because you believe you have exceptional circumstances please attach a separate sheet or email the full details to schooltransportteam@durham.gov.uk

PART 2 – PARENT/CARER'S DETAILS

Title:	Mr	Mrs	Miss	Ms	Other	If Other Please State

Surname/Family Name:

First Name(s):

Does all those who care for the child agree with this application for transport?	Yes ☐ No ☐ Please tick	
If applying under the extended policy, are you in receipt of the **maximum** level of working tax credit? If so you must send us your most recent full WTC award notice pages 1-8, the WTC element of the WTC summary must indicate "reduction due to your income is £0.00".	Yes ☐ No ☐ Please tick	
If applying under the extended policy, is your child eligible for Free School Meals (FSM). Please only provide the parent's details below if your child is eligible for FSM – NB note this is not an application for FSM. You can apply for FSM at www.durham.gov.uk/freeschoolmeals.	Yes ☐ No ☐ Please tick	

Parent's National Insurance Number (only complete if child is eligible for FSM):

Parent's Date of Birth (only complete if child is eligible for free school meals:

Please note if you do not provide all of the information required to assess your child's application, we will be unable to consider a backdated award for travel expenses.

DATA PROTECTION AND DECLARATION : We comply with all relevant statutory obligations with regard to personal information processed by us and this will be handled in accordance with our privacy statement which can be accessed at www.durham.gov.uk/dataprivacy We may use the information you have provided on this form for the prevention and detection of fraud therefore please sign to say that you agree and understand that we may check the details you have provided on your child's application against other council records to confirm that the child and you are resident at the property, and agree to us sharing your data with other agencies, where it is necessary to do so (where the law allows) and that :

- I have read and agree to abide by the conditions as set out in the home to school transport policy;
- I am the parent/carer who has parental responsibility for the child and all those with parental responsibility agree to this application;
- I will inform you immediately of any change of address by email to schooltransportteam@durham.gov.uk
- I understand that if I have provided information that is incorrect or incomplete, Durham County Council will withdraw my child's travel assistance immediately, all costs will need to be repaid, I may be investigated and you may take action against me (this may include court action) as Durham County Council is under a duty to protect the public funds it administers.

SIGNED PRINT NAME: DATE:

FOR OFFICE USE ONLY

School Miles

1 _____ _____

2 _____ _____

3 _____ _____

4 _____ _____

5 _____ _____

FOR OFFICE USE ONLY

Notes:

Refused: Y / N

Assessment Code:

Eligibility Code: