

APPLICATION FOR SCHOOL TRANSPORT PRIMARY (RECEPTION-YEAR 6) & SECONDARY (YEAR 7-YEAR 11) PUPILS

If you consider your child eligible for transport please complete the details below as appropriate.
Before doing so you are advised to read the School Transport Information Sheet.

DETAILS OF PUPIL

SURNAME _____ DATE OF BIRTH _____

FORENAME(S) _____

HOME ADDRESS _____

POST CODE _____ TEL NO _____

E-MAIL ADDRESS _____

SCHOOL TO BE ATTENDED _____

DATE FROM WHICH TRANSPORT IS REQUIRED _____

(Please Note: Application forms will take up to 10 working days to process)

IF THIS IS A DENOMINATIONAL SCHOOL, IS THE PUPIL BAPTISED INTO THAT FAITH? Yes No

(If Yes, please attach documentary evidence, i.e. certificate of baptism or note from your clergyman. Please see the school transport policy document for detail of criteria and charges that apply to this application).

ARE YOU IN RECEIPT OF YOUR MAXIMUM LEVEL OF WORKING TAX CREDIT? Yes No

(If Yes, please attach a copy of your current tax credits award notice)

ARE YOU IN RECEIPT OF FREE SCHOOL MEALS? Yes No

(Please note: this will be verified by Children's Services)

In consideration of the Council providing transport to and from school I confirm that I have read, understood and agree to be bound by the terms and conditions of the transport policy. I agree to make such regular payments as may be required to the Council at such rates as the Council may direct. Failure to make such payments will result in the withdrawal of transport. In the event of the travel pass no longer being required before the date of its expiration I will immediately return the pass to the Council. The Council will not provide a refund in relation to any unexpired portion of a travel pass. In the event of my failure to return the travel pass I will repay the Council a sum equal to the value of the pass or to the unexpired portion of it.

SIGNATURE OF PARENT/CARER _____ DATE _____

PLEASE PRINT NAME _____

Please return this form to: Commissioning, Procurement & Contract Management Team, Cumbria House, 107-117 Botchergate, Carlisle, CA1 1RD

PLEASE DO NOT ENCLOSE ANY PAYMENT AT THIS STAGE. You will be contacted once your application has been assessed.

FOR OFFICE USE ONLY						
Catchment School	Nearest School	Assessment Outcome	Date for Reassessment	Reason	Route Number(s)	Other
						Split Journey Yes/No Catchment Yes/No Over 3 miles Yes/No
ASSESSED BY					Single/Return	
			DATE:			