



Gloucestershire
COUNTY COUNCIL

**APPLICATION FOR ASSISTANCE
WITH HOME TO SCHOOL TRANSPORT**
Please complete this form and return it to: Transport & Benefits
Team, Shire Hall, Gloucester GL1 2TP

OFFICIAL USE ONLY:

STUDENT ID

T&B (0-16) Approved: Over 2/3m: SLOW Refused: - attach application assessment checklist

Transport from: _____ to: _____ Officer: _____ Date Approved: _____

ITU: Route: _____ Boarding Point: _____

Allocated by: _____ Date Allocated: _____

Please indicate (tick relevant box below) whether you are applying for home to school transport to a:

Primary, Infant or Junior School

Secondary School

**PLEASE NOTE:
INCOMPLETE
FORMS CANNOT
BE ASSESSED**

SECTION ONE: DETAILS OF JOURNEY

NAME OF SCHOOL	Date transport required from
ROUTE NO /BUS OPERATOR	BOARDING POINT

Full details of the home to school transport policy will be provided upon request or viewed on the County Council's web site: <http://www.gloucestershire.gov.uk/schooltransport>
The Transport & Benefits Team, in conjunction with the Integrated Transport Unit, decides the form of travel assistance provided and will always provide a bus pass where this facility is available. If the Authority needs to make alternative arrangements we will contact you.
Please provide the bus route number and bus operator and boarding point information. Failure to supply at least the boarding point may result in the bus pass being supplied with the wrong boarding point which in turn will result in a fee being charged for a replacement pass. Please note that we reserve the right to provide a pass for an alternative bus company or boarding point if this is necessary for operational reasons.

SECTION TWO: PUPIL & CONTACT DETAILS

PUPIL Surname:		PUPIL First Names (IN FULL)		MALE	FEMALE
PERMANENT HOME ADDRESS:				Date of birth	
Address, from which transport is requested. (This will be your new address if moving home)					
	Postcode				
PARENT/CARER NAME	PARENT/CARER CONTACT NUMBER				
EMAIL ADDRESS	@	EMERGENCY CONTACT NUMBER			
ALTERNATIVE CONTACT NAME	ALTERNATIVE CONTACT NUMBER				

Please tick the relevant box below if you are in receipt of the following: * Please ensure that you fill in this part of the application form as you may be eligible for free transport under the low income policy, different distance rules apply *

Free School Meals Yes / No Maximum Working Family Tax Credit Yes / No

I attach a photocopy of certified documented evidence of Tax Credits Award Notice (all pages) (please tick)

COPIES OF TAX AWARDS NOTICES OR OTHER EVIDENCE WILL NOT BE RETURNED. THERE IS A CHARGE PER SHEET FOR PHOTOCOPYING DOCUMENTS BROUGHT TO SHIRE HALL RECEPTION

To verify the student being in receipt of free school meals please provide the following information of claimant:

National Insurance Number											Date of Birth	/	/	Surname	
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SECTION THREE: REASON FOR THIS APPLICATION

Change of address:	<i>*You must notify the school to change the address as the new bus pass will only be issued once the new address is current on the schools computer system*</i>	Date of Change	/ /
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OLD ADDRESS:	
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1. *Proof of the new address should be provided wherever possible. Please see criteria below.

Change of School:	
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Please indicate previous school and reason for change:

Please provide any further information that might be useful regarding your application:

SECTION FOUR: AGREEMENT

Agreement: I declare that I have read the information and agree to the conditions. I have explained the code of conduct to my child and ensured their understanding*. I understand that details on this form may be shared with the service operator for the purposes of ticket distribution and agree that a photograph will be provided if requested and used for identification purposes on the bus pass. I understand that pupils without a pass may not be allowed to travel. I will notify the County Council of any changes to the information provided on this form.

*The code of conduct is included in the home to school transport policy available from www.gloucestershire.gov.uk/schooltransport or by calling 01452 425390).

Signature of parent/carer	
Full name of parent/carer	
Signature of pupil (if secondary school age)	

You will only receive notification from the Transport & Benefits Team if your application has been refused after assessment. Please be aware that during the peak period for applications from April to August applications may take longer to process. If you are applying for a pass for the new academic year starting in September application forms should be completed and returned **as soon as possible**, and by the **31st May 2013** at the latest, to ensure that the bus pass is delivered in time for the start of term.

WE RESERVE THE RIGHT TO REASSESS THIS APPLICATION

Before submitting this form, please ensure you have;

- Fully completed all sections of the form
- Signed the form
- Included photocopies of all pages of documents required as supporting evidence

For changes of address, please include a photocopy of one of the following:

- A copy of your signed Tenancy Agreement or
- A copy of your Exchange of Contracts or
- A copy of your child's medical card or
- A letter from your GP confirming the name of your child and new address (please note that not all surgeries will provide this letter and a charge may be made by the surgery for this request) or
- A copy of a letter regarding Child Benefit / Child Tax Credit, showing your child's name and new address

IT IS IMPORTANT THAT YOU DO NOT SEND ORIGINAL DOCUMENTS AS THESE CANNOT BE RETURNED