

**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.

PART 2 – PARENT/CARER'S DETAILS

Title:

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 or any level of Universal Credit, if so you must send us either 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" or your most recent full Universal Credit statement.

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.

Durham County Council is under a duty to protect the public funds it administers, and may use the information you have provided on this form for the prevention and detection of fraud. I declare 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 hereby agree and consent to you checking the details I have provided on my child's application against other council records to confirm that the child and I are resident at the property, and agree to you sharing my data with other agencies, where it is necessary to do so and where the law allows, in accordance with the Data Protection Act 1998 (see Privacy Notice at <http://www.durham.gov.uk/article/10382/Privacy-notices>).
- 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).

SIGNED PRINT NAME: DATE:

FOR OFFICE USE ONLY		FOR OFFICE USE ONLY	
School	Miles	Notes:	
1 _____	_____	Refused: Y / N Assessment Code: Eligibility Code:	
2 _____	_____		
3 _____	_____		
4 _____	_____		
5 _____	_____		