

APPLICATION FOR ASSISTANCE WITH TRAVEL FOR STUDENTS OF SIXTH FORM AGE



Please read the enclosed policy carefully before completing this form

Student Details	
Surname : _____	First Names : _____
Date of Birth : _____	Gender: Male / Female (please circle)
Address : _____	
Post Code : _____	
Tel Number: _____	Date of moving : ____ / ____ / ____

School/College to which travel assistance is requested	
Name of School/College : _____	
Address : _____	
Tel No : _____ Date started / starting : ____ / ____ / ____	

Course to be attended
What is the course qualification being studied? _____
What is/are the course subject(s)? _____
What is the duration of the course? ____ / ____ / ____ to ____ / ____ / ____
Is the course full or part time? Full time / Part time

Income Assessment	
Please indicate if you are in receipt of one of the following benefits?	
• Income Support	Yes / No
• Income Based Jobseeker's Allowance (IBJSA)	Yes / No
• Child Tax Credit, but not with Working Tax Credit, and have an annual taxable income of less than £16,190	Yes / No
• Financial Support in accordance with part V1 of the Immigration and Asylum Act 1999	Yes / No
• Guarantee element of State Pension Credit	Yes / No
You must provide evidence with this application form	

Priority Groups	
Does the student fall within one of the following priority groups?	
• Have a disability and/or learning difficulties and/or medically ill	Yes / No
• Been in the care of a Local Authority	Yes / No
• On probation or otherwise considered to be at risk	Yes / No
• Is a parent who retains responsibility for their own child	Yes / No
If so they may qualify without regard to income	
You must provide evidence with this application form	

Method of Transport (please tick all which apply)	
Bus / Tram <input style="width: 50px;" type="checkbox"/>	Train <input style="width: 50px;" type="checkbox"/>
Underground <input style="width: 50px;" type="checkbox"/>	Coach <input style="width: 50px;" type="checkbox"/>
Bus / Tram travel (please delete as appropriate)	
Boarding at : _____	Final destination : _____
Changing at : _____	Bus numbers used : _____
Rail / Underground (please delete as appropriate)	
From : _____	To : _____
Via : _____	

Parent / Guardian details and Declaration	
Title : _____	First Name : _____ Surname : _____
Address : _____	

Post Code : _____	Tel No : _____
<p>I certify that the information given in this application form is complete and accurate to the best of my knowledge and belief. I understand that if I give you false information, or fail to give you complete information, any assistance I receive maybe withdrawn. I authorise the Authority to obtain verification as to the accuracy of the above information, from educational establishments and other councils and agencies. I also agree to let you know if the child named on this form moves address or changes school.</p>	
Signed : _____	Date : _____

Once completed please return by e-mail or post to:

suttonadmissions@cognus.org.uk

**School Admissions, Civic Offices
St Nicholas Way, Sutton
SM1 1EA**

For office use only	
Date received : _____	Date approved : _____
Application supported : Yes / No: _____	
Type of award : Continuing : _____	Limited (to when) : _____
Reason: _____	

Signed : _____	
Zones : _____	Ticket No. : _____
Photocard No : _____	Expiry Date : _____
Date of issue : _____	