

APPLICATION FOR ASSISTANCE WITH SCHOOL TRAVEL



Please read the enclosed policy carefully before completing this form

Pupil Details	
Surname : _____	First Names : _____
Date of Birth : _____	Gender: Male / Female (please circle)
Address : _____ _____	
Post Code : _____	Tel No : _____

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

Reason for request (please complete all sections that apply)	
Is this request in respect of starting school or transfer to secondary school?	Yes / No
If No what is the reason for change of school ? _____ _____	
Please indicate if any of the following apply. If yes , please provide documentary confirmation:	
Is your child entitled to free school meals?	Yes / No (please circle)
Is the family in receipt of the <u>maximum</u> level of Working Tax Credit?	Yes / No (please circle)
Is this application being made due to a change of address?	Yes / No (please circle)
Previous address : _____ _____	
Date of move : _____	
Was this due to the Council moving you ?	Yes / No (please circle)
If No, reason for move :	

Method of Transport (please tick all which apply)	
Bus / Tram <input type="checkbox"/>	Train <input type="checkbox"/>
Underground <input type="checkbox"/>	Coach <input 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that if I give you false information, or fail to give you complete information, any assistance I receive maybe withdrawn.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 : _____	