

PLACE PHOTO HERE  
A photograph is required with this application if your child was born before 01/09/2007. Please ensure your child's name, school, and date of birth are written on the reverse of the photograph and attach it securely in this box.



# APPLICATION FOR UNDER 16 TRAVEL ASSISTANCE (TA1) 2018/2019

(Not for use by Post-16 Year 12 Students or Nottingham City residents)

## PART 1 – FOR COMPLETION BY PARENT/GUARDIAN IN BLOCK CAPITALS (PLEASE USE BLACK INK)

1. Pupil's surname \_\_\_\_\_ 2. Pupil's first name \_\_\_\_\_ 3. Male ☐ Female ☐
4. Date of birth \_\_\_\_\_ 5. Age on 1st Sept 2018 \_\_\_\_\_ Years \_\_\_\_\_
6. Parent's/Guardian's name Title \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_
7. Pupil's home address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_
8. Home telephone number Area Code \_\_\_\_\_ Number \_\_\_\_\_ Mobile \_\_\_\_\_
9. E-mail address \_\_\_\_\_
10. School to which travel assistance is required \_\_\_\_\_ Date from \_\_\_\_\_
11. To which Council do you pay Council Tax? \_\_\_\_\_
12. Are you in receipt of – maximum level working tax credit? ☐ (Please tick if appropriate). If you have ticked the box please attach a full copy of your latest HMRC award form to this application as confirmation.  
free school meals in a Nottinghamshire school? ☐ (Please tick if appropriate)

If your child is not in receipt of free school meals and you would like us to check whether they may be entitled to receive them, please enter your National Insurance number(s) and date(s) of birth here:

Parent/Guardian N.I. Number 

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 Date of birth 

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Partner's/Spouse's name Title \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_

Partner/Spouse N.I. Number 

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 Date of birth 

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**Please note that if you have completed the partner/spouse details they must also sign the declaration at the end of Part 1 overleaf.**

13. If this application is made following a change of address please give previous details here Previous address \_\_\_\_\_  
\_\_\_\_\_ Date of Moving \_\_\_\_\_  
Previous School \_\_\_\_\_

14. Has your new address been provided to you as temporary accommodation? ☐ (Please tick if appropriate)  
If you have ticked the box please provide a contact name and telephone number for the Housing Association/Refuge providing the accommodation.

Housing Association/Refuge name \_\_\_\_\_

Contact name \_\_\_\_\_

Telephone number – Area Code \_\_\_\_\_ Number \_\_\_\_\_

**PLEASE CONTINUE OVERLEAF**

**NOW PLEASE READ THE DECLARATION, AND SIGN AND DATE THIS APPLICATION (Delete where appropriate).**

I/WE DECLARE THAT TO THE BEST OF MY/OUR KNOWLEDGE, THE INFORMATION I/WE HAVE GIVEN ON THIS FORM IS ACCURATE AND COMPLETE AND THAT I/WE WILL ADVISE THE COUNTY COUNCIL OF ANY CHANGES. I/WE AGREE TO ABIDE BY THE CONDITIONS SPECIFIED BY THE COUNTY COUNCIL IN RESPECT OF HOME TO SCHOOL TRAVEL ASSISTANCE. I/WE AGREE TO MY/OUR N.I. NUMBER(S) AND DATE(S) OF BIRTH BEING USED TO CONFIRM MY/OUR ENTITLEMENT TO FREE SCHOOL MEALS. PLEASE NOTE THAT FOR THE PURPOSE OF COMPILING BOARDING LISTS, TRANSPORT AND TRAVEL SERVICES MAY SHARE THE NAMES OF PUPILS AND THEIR BOARDING/ALIGHTING POINTS WITH TRANSPORT OPERATORS AND CONTRACTORS.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Partner/Spouse signature (if appropriate) \_\_\_\_\_ DATE \_\_\_\_\_

**IF YOUR CHILD REQUIRES TRAVEL ASSISTANCE TO A ROMAN CATHOLIC OR CHURCH OF ENGLAND SCHOOL** ON THE GROUNDS OF RELIGION OR BELIEF YOU MUST NOW SEND THIS FORM TO THE SCHOOL WHERE **PART 2** WILL BE COMPLETED BY THE HEAD TEACHER. THE SCHOOL WILL THEN FORWARD THE FORM TO TRANSPORT & TRAVEL SERVICES ON YOUR BEHALF.

**ALL OTHER APPLICATIONS SHOULD BE SENT DIRECT TO: TRANSPORT & TRAVEL SERVICES,  
NOTTINGHAMSHIRE COUNTY COUNCIL, COUNTY HALL, WEST BRIDGFORD, NOTTINGHAM NG2 7QP.**

**PART 2**

**FOR COMPLETION BY THE HEAD TEACHER WHERE THE SCHOOL NAMED ABOVE  
IS A ROMAN CATHOLIC OR CHURCH OF ENGLAND SCHOOL**

\*PLEASE TICK THE APPROPRIATE BOX:

The above named pupil has been admitted on denominational grounds ☐

The above named pupil has not been admitted on denominational grounds ☐

SIGNED \_\_\_\_\_ NAME IN PRINT \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

U.S.R.N.

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The personal information collected on this form will be processed on computer to provide and manage the information or service that you have requested. For further details regarding your privacy, please see our Privacy Statement: <http://www.nottinghamshire.gov.uk/privacy/>

15. Did your child receive travel assistance to their previous school? ☐ (Please tick if appropriate)

16. Has your child been permanently excluded, or had a managed move, from their previous school? ☐ (Please tick if appropriate)

17. Please name any other children in the family who receive travel assistance \_\_\_\_\_

18. Does your child have special transport needs? (medical or physical needs) \_\_\_\_\_

**19. Additional Information**

If you think there is anything we should know about your child's circumstances that will help us to process your application form please note it here, or attach additional sheets as necessary with any independent evidence.

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