

PLACE PHOTO HERE  
A photograph is required with this application if your child was born before 01/09/98.

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.



Nottinghamshire  
County Council

# APPLICATION FOR UNDER 16 TRAVEL ASSISTANCE (TA1) 2009/2010

(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 2009 \_\_\_\_\_ Years \_\_\_\_\_
6. Parent's/Guardian's name Title \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Pupil's home address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Home telephone number \_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_ Post code \_\_\_\_\_  
\_\_\_\_\_ Mobile \_\_\_\_\_
9. E-mail address \_\_\_\_\_
10. School to which travel assistance is required \_\_\_\_\_ Date from \_\_\_\_\_
11. To which Local Authority 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 your latest HMRC award form to this application as confirmation  
free school meals?  (Please tick if appropriate)

If you are not in receipt of free school meals, or your child receives free school meals from a local authority other than Nottinghamshire, and you would like the Authority to confirm the entitlement of either you or your partner/spouse please enter your National Insurance number(s) and date(s) of birth here:

Parent/Guardian	N.I. Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>
Partner's/Spouses's name	Title	Surname		First Name				
Partner/Spouse	N.I. Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>

**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

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. **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.

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**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.

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

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

**IF YOUR CHILD REQUIRES TRAVEL ASSISTANCE TO A VOLUNTARY AIDED 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 NOTTINGHAMSHIRE TRANSPORT SERVICES ON YOUR BEHALF.**

**ALL OTHER APPLICATIONS SHOULD BE SENT DIRECT TO: NOTTINGHAMSHIRE TRANSPORT SERVICES, COMMUNITIES DEPARTMENT, TRENT BRIDGE HOUSE, FOX ROAD, WEST BRIDGFORD, NOTTINGHAM NG2 6BJ.**

**PART 2**

**FOR COMPLETION BY THE HEAD TEACHER WHERE THE SCHOOL NAMED ABOVE IS A VOLUNTARY AIDED 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

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U.S.R.N.

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/privacystatement.htm>