

PLACE PHOTO HERE
 A photograph is required with this application if your child was born before 01/09/99. 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) 2010/2011

(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 2010 _____ 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 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 from Nottinghamshire County Council and you would like us to check whether either you or your partner/spouse are entitled to receive them, please enter your National Insurance number(s) and date(s) of birth here:

Parent/Guardian N.I. Number Date of birth

Partner's/Spouse's name Title _____ Surname _____ First Name _____

Partner/Spouse N.I. Number Date of birth

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

