



# APPLICATION FOR HELP TOWARDS HOME TO SCHOOL TRANSPORT IN EXCEPTIONAL CIRCUMSTANCES

The child's parent or carer must fill in this form. Before you complete this, please read the accompanying leaflet.

|  |
|--|
| <b>AGREEMENT:</b>  |
| <ul style="list-style-type: none"> <li>I agree to the County Council contacting other agencies, as applicable, to verify I qualify for free school meals due to being in receipt of at least one of the following benefits: Income based Job Seekers Allowance; Income related Employment Support Allowance; Income Support; Child Tax Credit (unless you also claim Working Tax Credits) with income less than £16,190; support under part VI of the Immigration and Asylum Act 1999; guaranteed element of State Pension Credit.</li> <li>I am applying for Home to School Transport on the terms and conditions as set out in the Notes of Guidance.</li> <li>If my child ceases to qualify for free school meals I will notify the Admissions and Transport Team.</li> <li>If my child moves address I will notify The Admissions Team as soon as the new address is confirmed.</li> <li>If my child leaves the school I will notify Amey Client Transport, Room RB70 County Hall, Walton Street, Aylesbury HP20 1YZ or on 01296 383956 and return any pass/ticket issued to me immediately.</li> <li>I accept responsibility for my child while he/she travels to and from school on the transport provided. I also realise that any instances of bad behaviour may result in transport facilities being withdrawn for a set period or permanently.</li> <li>I accept that I am responsible for my child until he/she is accepted on to the bus each morning and that <b>failure to produce a valid bus pass could result in my child being denied travel for the morning journey.</b></li> </ul> |

**You and your family**

|  |                 |   |
|--|-----------------|---|
| <b>Your full name</b>  | <b>SURNAME:</b> | <b>FORENAME:</b>  |
| YOUR National Insurance or Asylum Service Number and YOUR date of birth and we will check your eligibility for free school meals with the appropriate agency                                       |                 |   |
| NATIONAL INSURANCE NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                 | DATE OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <b>Your address (with postcode)</b><br>This should be the address from which transport is needed.<br>If your child lives at a different address, please give both addresses.                       |                 | <b>Your phone number</b><br>daytime:<br>mobile:<br>Email address:   |

**Please give details of other people who live with you. Do not include the children you are applying for transport for.**

|                 | Name | Age<br>(if under 18) | Relationship to you |
|-----------------|------|----------------------|---------------------|
| <b>Adults</b>   |      |                      |                     |
| <b>Children</b> |      |                      |                     |

**Child you are requesting transport for (If you need transport for more than one child, please attach similar details for other children.)**

|  |   |                  |
|--|---|------------------|
| <b>Child's full name</b>               | <b>SURNAME:</b>                               | <b>FORENAME:</b> |
| Date of birth:                         | Relationship to you:                          |                  |
| Which school do they currently attend? | Which school do you want transport help to?   |                  |
| When would you want the help to begin? | How long do you think you will need help for? |                  |

PLEASE COMPLETE OVERLEAF

## Why are you applying for exceptional transport?

We will use this section to help us work out whether you are entitled to help. We need independent evidence to support your case. Please attach evidence for each section you are applying under, and make sure that it is marked with your child's name.

Your application cannot be considered if the necessary supporting evidence is not received.

|  |     |                          |
|--|-----|--------------------------|
| I attach herewith evidence of low income as detailed overleaf, i.e. copy of form TC602(A), copy of form M1000 or recent letter confirming receipt of Job Seekers Allowance, Income Support, or I have provided my National Insurance or asylum seekers number and date of birth. | Yes | <input type="checkbox"/> |
| <b>YOU ARE APPLYING FOR EXCEPTIONAL TRANSPORT:</b>   |     |                          |
| because of your child's health   | Yes | <input type="checkbox"/> |
| Please explain why your child is unable to walk to school, get the bus or use public transport. Please attach evidence from your GP, consultant or health visitor.   |     |                          |
| because of your own health   | Yes | <input type="checkbox"/> |
| Please explain why you or another adult cannot get your child to school. Please attach evidence from your GP, consultant or health visitor.  |     |                          |
| to a non-catchment area school   | Yes | <input type="checkbox"/> |
| Please tell us why your child is not going to your catchment school. For example, because you are living in temporary hostel or bed and breakfast accommodation. Please provide evidence.  |     |                          |
| because the application is on behalf of a child in care and supported by Social Care Services.   | Yes | <input type="checkbox"/> |
| Please provide proof of address and supporting evidence from Social Services   |     |                          |
| you have other things (for example religious or cultural issues) that you want us to consider before coming to a decision on your case?  | Yes | <input type="checkbox"/> |
| Please explain and provide evidence to support your case.  |     |                          |

### Parent/Carer's declaration:

- I agree that if you offer me help, you may withdraw that help, without notice, if I do not give you further evidence to support my case when you review it.
- As far as I know, the information I have given is correct.

Signed

Full Name & Title of Parent/Carer

Date




This form is produced by: The Admissions and Transport Team, County Hall, Aylesbury, HP20 1UZ.

Phone: 01296 383250

Fax: 01296 383016

Email: [educationtransport@buckscc.gov.uk](mailto:educationtransport@buckscc.gov.uk)