

Application for assistance with home to school transport related to family income 2008/09



Bedfordshire
county council

Please read the attached notes before completing this form. Please complete a separate form for each child

A – Details of parent/guardian

Surname	First Name(s)	National Insurance Number	Relationship to child (please select)
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian

B – Home address

Address

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Postcode

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Telephone Number

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C – Details of child

Surname	First Name(s)	Date of Birth	School

D – Eligibility

Please select

- My child receives free school meals
 My child is eligible for free school meals (see guidance notes for details of eligibility and supporting documentation required)
 I am in receipt of the maximum level of Working Tax Credit (please attach a full copy of your HM Revenue & Customs Tax Credit Award Notice)

E – Religion or Belief

- My child has been admitted to their school because of my religion or belief

Please note that applications made because of religion or belief will be subject to confirmation by the Head teacher of the school.

E – Declaration

I certify that the information given is correct and that I will inform the School Transport Entitlement Team of any changes in my circumstances.

Signature		Date	
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For office use only

<input type="checkbox"/> Correct Benefit	<input type="checkbox"/> Distance met	<input type="checkbox"/> Designated School	<input type="checkbox"/> Letter sent
<input type="checkbox"/> Start Date	<input type="checkbox"/> Authorised	<input type="checkbox"/> Religion/Belief	<input type="checkbox"/>

Please return this form to:
 School Transport Entitlement Team
 Customer Engagement Centre
 Bedfordshire County Council
 Cauldwell Street
 Bedford MK42 9AP

Tel: 01234 228431
 Fax: 01234 276010
 Email: school.transport@bedscc.gov.uk