

[Please use BLOCK CAPITALS and complete details in BLACK ink.]

School Year

September	2	0		
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 to

July	2	0		
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School Name

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**PUPIL DETAILS**Surname

--

 Male / Female (Tick)

M	F
---	---

Forenames

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Date of Birth

		/			/		
--	--	---	--	--	---	--	--

 Current School Year (e.g. Year 7)

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Permanent Home Address

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Post Code

--

 Telephone Number

--

PARENT / GUARDIAN DETAILSTitle [Mr / Mrs / Ms / Miss / other]

--

 Surname

--

Forename

--

 Relationship to Child

--

Address

--

[If different from above]

--

Post Code

--

 Telephone Number

--

 email address

--

TRANSPORT DETAILS**Reason for applying for assisted travel?**Pupil living over 3 miles from nearest appropriate Secondary school

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 (Please tick)Pupil living over 2 miles from nearest appropriate Primary school

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Other [Please specify]

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[If the school above is not the nearest school to pupil's home, please indicate reason for choice.]

Name of bus stop/pick up point from which you would like pupil to be collected (Leave blank if not sure).

1

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 2

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If journey involves a change of bus/vehicle please repeat similar information for the second journey.

Declaration:

I / We authorise Wrexham County Borough Council Local Education Authority (LEA) to verify this information should they wish to do so. I / We note that this information will be held on a computer system in accordance with the Data Protection Act 1998. I / We shall advise the School Transport Officer of the LEA in writing immediately should the circumstances dealt with by this form change, in such a way that it affects eligibility for assisted school transport for my child. I / We agree to return to the LEA any bus pass issued in respect of my child upon request if that child becomes ineligible for assisted school transport. I / We agree that the student named above will follow the Welsh Government's Travel Behaviour Code [visit www.travelcode.org]

Please tick

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 I certify that I have read, understood and accepted the notes overleaf explaining the conditions attached to Home to School Transport.Signature [if form completed by hand]

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 Date

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[Please note any claim suspected to be fraudulent will be referred to the County Borough Council's Audit Department for investigation]

Please return completed form by e-mail or post to :

school.transport@wrexham.gov.uk

INTEGRATED TRANSPORT UNIT, ENVIRONMENT DEPARTMENT, ABBEY ROAD SOUTH,

WREXHAM INDUSTRIAL ESTATE, WREXHAM, LL13 9PW. Tel.01978 292056 Fax.01978 729613

OFFICE USE ONLYPupil Ref Number:

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Request Received:

		/			/		
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Transport Commenced

		/			/		
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Elig. Reason

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 Distance

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Contract 1

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 Contract 2

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Transport Officer

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 Bus Pass

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Form Ref. ITU Prem/Sec.Sep 2012