



## New application for travelling assistance for Hampshire children attending mainstream Secondary Schools

Please read the **Guidance Notes (TRAV1)** attached before completing this form

Please note that under the Data Protection Act 1998, the information given below will be stored electronically together with this application form and used only to deal with your request for travelling assistance to school

**To be completed by a parent/legal guardian (BLOCK CAPITALS PLEASE):**

Name of school \_\_\_\_\_

Please tick as appropriate:

nearest catchment school  nearer school  school chosen on grounds of religion/belief (**low income**)   
other  please specify \_\_\_\_\_

**Note:** Written confirmation of a refusal must be provided by the designated catchment school or the Admissions Team. For advice on school admissions please contact the Admissions Team on 0300 555 1377

### Child's details:

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Please tick: Male  Female

Primary Home address \_\_\_\_\_  
Postcode \_\_\_\_\_

Home telephone number \_\_\_\_\_ Mobile number \_\_\_\_\_

Email Address \_\_\_\_\_

Date transport required from \_\_\_\_/\_\_\_\_/\_\_\_\_ Days Required **Every day**  or **M/T/W/Th/F**  
(please circle)

Previous address if you have moved: \_\_\_\_\_  
Postcode \_\_\_\_\_ Date of move \_\_\_\_/\_\_\_\_/\_\_\_\_

### Does your child suffer from any medical condition which may affect their journey?

Please tick appropriate box: **Yes**  **No**  If Yes please provide details with your application

### Declaration:

I certify that the information I have given is correct, that I have read and understood the Guidance Notes (TRAV1) and that I will advise the office immediately of a change of primary home address or other circumstances.

**I accept that I am responsible for the behaviour of my child whilst travelling and must accept that unacceptable behaviour may lead to further action or the withdrawal of transport**

Parent/legal guardian's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name in BLOCK CAPITALS: Mr/Mrs/Miss/Ms \_\_\_\_\_

Relationship to child \_\_\_\_\_

**YOUR APPLICATION WILL BE RETURNED IF THIS FORM IS NOT SIGNED**

**Please allow a minimum of 10 working days** for an entitlement decision to be made, following receipt of this completed application form by the Passenger Transport Group. **Up to 10 working days should then be allowed for transport to be arranged and/or public service season tickets to be ordered.**  
**Please note that from mid August to mid September entitlement etc may take longer**

<b>Pick-up point/bus stop nearest to home – if known</b>

**Please return the completed form to:**

Operations Team, The Passenger Transport Group, Economy, Transport and Environment Department,  
Hampshire County Council, Capital House, 48-52 Andover Road, Winchester, Hampshire, SO23 7BH

Telephone: 01962 846924 or 845332      Fax: 01962 834527

email: [passenger.transport.operations@hants.gov.uk](mailto:passenger.transport.operations@hants.gov.uk)

**FOR OFFICE USE ONLY**

<b>Input on EMS by &amp; date</b>	<b>Distance from home to school</b>
<b>Entitlement eligibility code</b>	<b>Entitlement end date</b>
<b>Entitlement authorised/refused by &amp; date</b>	<b>Letter code</b>
<b>Bus - Boarding Point</b>	<b>Destination Point</b>

<b>Route code</b>	<b>Transport allocated by &amp; date</b>
<b>Start date/Pick-up time</b>	<b>Additional comments</b> <i>Office use only</i>

**Please refer to the school's own website for their Transport Information (if applicable)**