

## Application for Assistance with Travel from Home to School for Children of Statutory School Age

The qualifying criteria for assistance with travel to school are set out in the Council's "Home to School Travel and Transport Policy for Children of Compulsory School Age ".

## How to apply

- Please read the policy at <a href="https://www.bradford.gov.uk">www.bradford.gov.uk</a> (search for school travel) before completing this form.
- Fill in the relevant parts of the application form using blue or black ink and CAPITAL LETTERS.
- Complete all of the appropriate sections in full and provide as much information as you can.
  - State on what grounds you are applying for assistance with travel.
  - You are responsible for the accuracy of the information provided.
- Include any extra information you want us to look at. Enclose photocopies of your supporting evidence where necessary, do not send original documents. We cannot supply photocopies or return original documents.
- Please attach a passport-approved photograph write the student's name, date of birth and address on the back.
- Sign and date the declaration.
- Send the completed form to:

Education Transport Assessment Team, West Yorkshire Combined Authority, Wellington House, 40 – 50 Wellington Street, Leeds, LS1 2DE

Tel: 0113 348 1121 Email: freetravel@westyorks-ca.gov.uk

- We will return the form to you if:
  - any part of the application is missing or illegible.
  - you haven't given us all the information we need, or
  - the photograph you send us isn't suitable.

Data Protection – Please be aware that the information you supply on this form will be used to assess eligibility for assistance with travel to school. It will be recorded on computer (including the photograph) and, if successful will be shared with West Yorkshire Combined Authority and their external supplier of travel passes. All data will be held in accordance with the Data Protection Act 1998.

Attach one passport approved photo of your child here.

1. Please say in which school year you require travel assistance.					
Current school year [	]	Next school year starting in September [ ]			
		the last Friday in May for travel assistance to start in the following bly, the sooner we can confirm if your application has been			



2. Your child	l's deta	nils				301112				
Last name			First Name			Middle n	ame			
Date of Birth	Age				Male		Fema	ale		
If your child is a looked after child, please state from which local authority:										
Social worker's name: Tel No:										
Email:										
School Name	School Name:									
Does your ch	ild atter	nd the school	as a "managed	move" admis	sion arrang	ement?	Yes [	] N	0 [	]
Permanent he address:	ome									
addiess.					Pos	stcode:				
How long hav	/e you l	ived at this ad	ddress?							
			have moved ho				this sch	nool.	Plea	ase
Previous add										
Postcode:				Date of hor	use move:					
copies of su	4. Please tell us why you are applying for travel assistance for your child. You will need to provide copies of supporting evidence. You may be eligible for more than one reason so please tick all boxes that apply to you. Please note we do not copy or return any documents.									
My child is ag	ed 5, 6	or 7 and lives	n my home to so s beyond 2 miles niles the nearest	the nearest		nool or my	/ child is	<b>3</b>	ſ	1
The nearest	suitabl	e school me	ans the school	(including a	n academy		•		-	
			on appropriate t ve chosen. Plea					:hild.	This	S
	•		Working Tax Cr Revenue and Cu			iversal Cr	odit Awa	orde		
•			sure you include				euit Awa	aius	[	]
4c. My child	is entit	led to free so	chool meals.						[	]
Eligibility based on religion or belief is linked to Maximum Working Tax Credit, Universal Credit or where a child is eligible for Free School Meals. These rules may change the distance limit and include more eligible schools. Please check the policy if you need further details.										
			and 16, is entit					is in		
receipt of ma	aximum	n Working Ta	x Credit/Univer	sal Credit ar	nd attends	school:				
• on the	e basis	of my religio	on or belief.						[	]
on the basis of my lack of religion or belief.						[	]			



Please provide a copy of the certificate of baptism, christening or confirmation, or a letter from the faith leader confirming the faith. Where your nearest school is a faith school, please attach a written statement of your reasons for not choosing that school due to your lack of belief. Please check the policy if you need further details.

4e. I have a disability and am unable to take my child to school.

If both parents/carers have a disability and are unable to take their child to school, please provide supporting evidence from your hospital consultant about each parent or carers' disability.

In specific circumstances discretionary assistance will be granted for a limited time period if the family have been evicted from the family home, the family is fleeing domestic violence or if your child is staying temporarily with relatives because you are in hospital. In each case supporting evidence is required.

4f. My child is staying with a relative because I am in hospital and am unable to take my child to school.

4g. My family is fleeing domestic violence.

[ ]

4h. My family is temporarily being re-housed due to eviction.

[ ]

5. Details of parent/carer					
Mr, Mrs, Mis	ss, Ms	First Nam	ne:		Last Name:
Home Tel No:			Mobile Tel No:		Email:

## **Privacy Notice - How we use your information**

Bradford Council is registered with the information Commissioners Office (ICO) under the provisions of the Data Protection Act 1998. The Council takes its responsibilities under the Act very seriously. The information provided by you is collected by Bradford Council's Travel Assistance Service or the West Yorkshire Combined Authority (Metro). The information is collected in order to maintain accurate records of parent/guardian/young person's name, contact details and eligibility. The information collected will help us check eligibility for home to school transport assistance. Completion of this form constitutes explicit consent from you for us to process your data for this purpose. The information provided by you will be shared within Bradford Councils I.T Systems, Passenger Transport Services. Public Health Service, Teams within Children's Services and partner agencies including the Department of Education and Schools. The information may also be shared with the NHS. West Yorkshire Combined Authority and Taxi Providers (where deemed necessary). You may withdraw this consent at any time by writing to the Travel Assistance Service. In addition, you have the right to see what information is held about you, to have inaccurate information corrected, to have information removed from our system unless we are required by law or a statutory purpose to keep it, and the right to complain to the Information Governance Officer if you feel that your data has not been handled in accordance with the law.

The Council's Information Governance Officer is Dani Mistry and can be contacted at infosec@bradford.gov.uk.

Your name, contact details, eligibility and bank details (where necessary) are recorded electronically on our system to maintain up to date records. This information will be kept from the date of application until six years following the last day transport assistance is provided.



## 6. Declaration by Parent/Carer

Your signature applying for assistance with travel is taken as your acceptance of the following:

- I confirm the information given on this Application Form is correct and complete.
- I have enclosed the extra information and supporting evidence I want you to consider.
- I accept that assistance will be given in accordance with the Terms and Conditions of Travel stated in Bradford Council's "Home to School Travel and Transport Policy for Children of Compulsory School Age"
- I agree this information may be shared with the West Yorkshire Combined Authority (Metro), travel operators relating to your child's travel and with their supplier of travel passes.
- I will inform the Education Transport Assessment Team of any changes immediately if my child moves house or changes school, or if there are other changes in my circumstances that affect my eligibility for assistance.
- I accept that Bradford Council may withdraw assistance with travel, with due notice, if my circumstances change and I no longer meet the qualifying criteria.
- I agree to support the Behaviour Policy and understand that Bradford Council has the right to
  confiscate the travel pass or withdraw provision of assistance temporarily or permanently in serious or
  persistent cases of misbehaviour.

Print full name	Relationship to child	
Signature	Date	



STUD ID:				NCY:		PASS ISSUED: [ ]			
OFFICE USE NAME:						ROUTE:			
	ONLY	ADDRESS:							
Dat	te of Allocati	on /Application	Decision E [ ] D [ ] A [ ]						
СО	A confirmed	by sch: Y[] N[] N	Child M [ ] S [ ]						
ele c				ø	ø	Entitlement:			
School/College			Priority? Y/N	AR Distance	<b>Direct</b> <b>Distance</b>	NS[] MM[]			
Ava	Ava		Prio YN	AR Dis	Dir	ST[] DS[] ME[]			
						MD 2 miles [ ] 3 miles [ ] N/A [ ]			
			.			TC[] SM[]			
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						Other:			
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