

HOME TO SCHOOL TRANSPORT APPLICATION

CHILDREN ATTENDING BROWNHILL LEARNING COMMUNITY

This form should be completed in BLOCK CAPITALS in blue or black ink



SECTION 1 - PUPIL DETAILS

SURNAME			
FORENAME(S)			
DATE OF BIRTH		GENDER	
ADDRESS (Including Postcode)	<hr/> <hr/>		

SECTION 2 – OUTWARD JOURNEY (where journey to school/college begins)

NEAREST BUS STOP (I.E. ROAD/STREET) OR RAIL/METROLINK STOP	
AREA	

SECTION 3 – SCHOOL DETAILS

MAIN SITE ATTENDED: BROWNHILL SCHOOL					
Heights Lane	<input type="checkbox"/>	Darnhill	<input type="checkbox"/>	Saxon Hall, Rochdale (Key Stage 4 Centre)	<input type="checkbox"/>
NAME OF ANY ALTERNATE SITE ATTENDED:		SAXON HALL STUDY CENTRE IS NOW KNOWN AS THE KEY STAGE 4 CENTRE			
TIMETABLE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

SECTION 4 – INCOME

If your child is entitled to Free School Meals or if you are receiving the maximum level of Working Tax Credit, there is an extended entitlement to assistance with Home to School Transport. Evidence of such entitlement must be provided with this application.

Is your child entitled to Free School Meals?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Do you receive the maximum level of Working Tax Credit? (Please see explanation below)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

HOW DO I KNOW IF I RECEIVE THE MAXIMUM LEVEL OF WORKING TAX CREDIT?

You will be receiving the maximum level of Working Tax Credit if Section 2 of your tax credits award notice shows the "Reduction due to your income" as £0.00

SECTION 5 – PREVIOUS SCHOOL

NAME OF PREVIOUS SCHOOL									
REASON FOR LEAVING	<i>PERMANENT EXCLUSION</i>	<input type="checkbox"/>	<i>FAILED MANAGED TRANSFER</i>	<input type="checkbox"/>	<i>OTHER (PLEASE STATE BELOW)</i>	<input type="checkbox"/>			
<hr/> <hr/>									
If the application is based on a managed transfer, is the child currently attending on a 'trial' basis?						YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

SECTION 6 – PARENT OR CARER DETAILS

SURNAME			
FORENAME(S)			
TITLE			
RELATIONSHIP TO CHILD			
TELEPHONE NUMBER			
EMAIL ADDRESS			
<i>I confirm that the information provided on this application is correct. I wish to apply for the pupil named on this form to be considered for Assistance with Home to School Transport</i>			
SIGNED		DATE	

SECTION 7 – DATA PROTECTION ACT

The Council maintains a Register Entry in respect of Education which includes the administration relating to pupils. Personal information provided on this form is treated in confidence and complies with the requirements of the Act. This information may be shared with Transport for Greater Manchester.

Verification of Information – the Council may verify the information you have provided on this form which could involve contacting other departments of the Council who maintain appropriate records. In instances where the information provided is different from that held by them, they may use the information on this form.