

APPLICATION FOR TRAVEL ASSISTANCE TO SCHOOL SEPTEMBER 2020 – JULY 2021

This application form only applies to those pupils without an Educational Health Care Plan (EHCP)

Please tick which stage of education your child is in:

- Primary School**
- Secondary**
- Post 16 education**

Applying on grounds of (please tick one category only):

- Low Income** - Low income covers students whose parents meet the criteria used for assessing eligibility for free school meals, please visit:

http://www.luton.gov.uk/Education_and_learning/Pages/Free-school-meals.aspx

Please ensure you attach with your application a copy of your most recently dated Tax Credit Award letter (all pages) to assist the assessment process.

PRIMARY SCHOOLS: Students must be attending their nearest suitable school and living more than 2 miles.

SECONDARY SCHOOLS: Students must be attending one of their 3 nearest suitable schools and living more than 2 miles but no more than 6 miles from it.

SECONDARY FAITH SCHOOLS: Students must be attending their nearest suitable school, living more than 2 miles but no more than 15 miles from it and come from a Low Income family For more information, please visit www.luton.gov.uk and search for Free school meals.

- Other** – this could include students placed at a school or alternative education provision by the local authority over the statutory walking distance, greater than 2 miles for children up to the age of 8 or greater than 3 miles for children aged 8 and over; please detail (in the additional information box) the reason/s transport assistance is required.
- Medical** – a condition that prevents either the student or the parent/carer from being able to travel to/from school, please detail (in the additional information box) the medical reason/s transport assistance is required and include any supporting documentation including medical or consultant letters, we do not ordinarily accept letters from GP's, please seek further advice from the telephone number below.

- **Post 16** - Students from low income families and learners in local authority care or those that have recently left local authority care. Low income is defined as students whose family meet the criteria used for assessing eligibility for free school meals. Please visit www.luton.gov.uk and search for Free school meals.
- Students must be resident in Luton throughout the duration of the course.
- Students must be enrolled on and attending a full time course engaged with learning or training at a further education institution, a school or academy, an authority maintained or assisted institution providing higher or further education, an establishment funded directly by the Education Funding Agency or a learning provider that is funded by the local authority to deliver Foundation Learning or other accredited programmes of Learning.
- Students must be over the statutory school age but not aged 19 or over, on 31 August in the year in which their course of study began.
- Students must live further than three miles (walking route) from the nearest institution to offer their chosen course. Where a student opts to attend an institution other than their nearest college the chosen course must differ by at least 50% to that offered by nearer institutions. For example, a student may be studying 4 A Levels and 2 of these may not be available in at nearer colleges. In this case assistance with travel costs will be provided. However, if 3 of the A Levels are available at a more local institution then assistance will not be provided.
- Payments will be made directly into the student's bank account on a half termly basis.
- Each subsequent half term payment will be dependent upon 95% attendance in the previous half term.
- Qualifying students will be paid half the weekly ticket price of the bus travel up to a maximum of £7.50 per week.
- **Please detail (in the additional information box) all subjects that you will be studying and at what level, ensuring your place of education endorses the application form. You must submit your most recent full award letter (all pages) as proof of your eligibility.**

Notes:

You must have been admitted to the place of education, and

You must meet the statutory distance criteria

The Statutory Distance is measured from your home to the nearest suitable school, and is assessed as being the shortest, safest walking route, which must be:

Greater than 2 miles for children up to the age of 8 or greater than 3 miles for children aged 8 and over

Subject to eligibility (not for Post 16 applications): Payments will be made by the start of each term upon receipt of a correctly completed application form. Payments will be equivalent to the cost of that term's bus travel for students worked out in the most economical way, where a parent/carer is eligible the payment will be worked out in the most economical way. For applications made part way through a term, payments will be equivalent to the cost of bus travel for the remaining weeks of that term.

PLEASE WRITE CLEARLY AND IN BLACK INK

BANK ACCOUNT DETAILS

(To be completed by those applying for financial assistance)

Please provide your bank account details. Please ensure that the information provided is clear, correct and up-to-date

Account holders full name:

Bank account number:

Sortcode:

Name of Bank:

STUDENT DETAILS

School/Provision or college attending:

School year: (circle as appropriate) **R 1 2 3 4 5 6 7 8 9 10 11 12 13**

Full address of education provider:

.....

Start/Finish times: **AM**.....**PM**.....

Days travel assistance is required: **Mon Tues Wed Thurs Fri**

Full name of student:

Date of birth:/...../.....

Gender: (circle as appropriate) **MALE** **FEMALE**

Home address:

.....**Postcode:**

PARENT/CARERS DETAILS

PARENT 1 full name: **Relationship to child**.....

Home address:

..... **Postcode:**

Contact numbers home: **Work:**

Mobile: **Email address:**

Occupation:

Daily hours worked:

Do you have parental responsibility for this child:

PARENT 2 full name: **Relationship to child**.....

Home Address:

..... **Postcode:**

Contact numbers home: **Work:**

Mobile: **Email address:**

Occupation:

Daily hours worked:

Do you have parental responsibility for this child:

ALTERNATIVE CONTACT

Full name: **Relationship to child:**

Contact number home: **Work:**

Mobile: **Email address:**

Is the above named child known to Social Services: YES NO

If yes, what is their social workers name and contact telephone number:
.....

Is the above named child in care (Looked After) YES NO

(Does the named child have any special educational needs or disability - YES or NO - if yes please explain in the additional information box)

ADDITIONAL INFORMATION:

Additional information required for Post 16 students only

Student Declaration

Please detail all courses to be studied and course codes:

I declare the information given is correct and to the best of my knowledge and belief

Signature: **Date:**

COLLEGE ENDORSEMENT: I confirm that this application form has been completed by a student who has been offered a place on a FULL-TIME course at this college.

The applicant appears to satisfy the 3 mile criteria. The applicant has submitted appropriate low income documents.

Signed: **COLLEGE STAMP**

Full name:

Date:

Equal Opportunities Monitoring – Please complete the section below by ticking the appropriate boxes.

Race and ethnicity:

- A) White:
 British Irish Gypsy/Traveller Eastern European Other, please specify
- B) Mixed:
 White and Black Caribbean White and Black African White and Asian
 Other, please specify.....
- C) Asian or Asian British
 Indian Pakistani Bangladeshi Kashmiri Other, please specify
- D) Black or Black British
 Caribbean African Other, please specify
- E) Chinese or other ethnic group
 Chinese Any other, please specify

Disability:

The Disability categories below are broadly based on the definition of a disabled person in the Disability Discrimination Act 1995 as “someone with a physical or mental impairment which has a substantial or long term effect upon his/her ability to carry out normal day to day activities.”

Do you consider yourself to have a disability? Yes No.

If 'Yes' please tick which of the following best describe your disability

- Hearing Impairment / deaf Visually Impaired / blind Physical Mental health Learning
- Other, please specify

PARENT/CARER DECLARATION:

I declare that the information given is correct and to the best of my knowledge and belief

Signature: **Name:**

Relationship: **Date:**

Code of Conduct for Children and Young People on School Transport

1. If waiting at a pick-up point, I will always stay safe by keeping away from the road.
2. When boarding and alighting from transport I will do it in an orderly fashion.
3. I will wear a seat belt at all times and remain seated throughout the journey.
4. I understand that aggressive, violent and abusive behaviour is unacceptable and may result in the temporary or permanent withdrawal of my transport.
5. I will ensure that I will keep my bags out of the gangway.
6. I will not speak to the driver whilst he or she is driving, unless there is an emergency.
7. I understand that I must be reasonably quiet in the vehicle and understand that excessive noise can disturb the driver and can be dangerous.
8. I will not play any listening device unless using headphones.
9. I will ensure that my mobile phone is on the silent or vibrate setting.
10. I will not stand up or move around the vehicle whilst it is moving.
11. At the end of the journey, I will wait until the vehicle has stopped before I get out of my seat.
12. I will not eat, drink, smoke or drop litter in the vehicle.
13. I will always follow the instructions of the driver or passenger assistant and be considerate towards other passengers and behave sensibly at all times.

Signature **Name**.....

Relationship **Date**.....

You may be suspended from or permanently excluded from transport should you not follow the code of conduct.

Please remember that you and your parent/carer are responsible for any damage caused to any vehicle you may be travelling in, should any damage occur you or your parent/carer will be charged or potentially prosecuted.

Parent/Carer School Travel Agreement

While my child is receiving transport to school, I agree to the following.

1. To ensure that my child is ready at the agreed time of pick-up when the vehicle arrives at our home or at the pick-up point (transport staff are instructed not to wait over 5 minutes).
2. To be there to meet him/her at the set down point on return, or agree in writing in advance when another responsible person will do this.
3. To ensure that my child understands the standard of behaviour that is expected whilst travelling to and from school/provision. This is set out in the *Code of Conduct for Pupils on School Transport*.
4. To ensure that my child understands the need for safety and that the wearing of a seat belt or harness is essential.
5. To inform the Passenger Transport Unit (PTU) on 01582 547387 if my child is unwell and will not be travelling to school/provision, if travelling by taxi or minibus, as well as the school/provision they are attending.
6. To inform the Education Travel Assessment Officer on 01582 548227 of any change of travelling requirements, or any change in medical needs, these will need to be confirmed in writing with evidence by yourself.
7. To ensure that the Education Travel Assessment Officer is informed of any change in address in advance (this will result in us having to re-assess your eligibility for travel assistance.)
8. To pay for any damage caused by my child.
9. To supply the Education Travel Assessment Officer with general and emergency contact details for getting in touch with me and ensure these are kept up to date.
10. To supply the Education Travel Assessment Officer/PTU with contact details for 2 nominated responsible adults, who can act on my behalf, if requested.
11. Passenger Assistants are not responsible for the administration of drugs or any medical procedures.
12. Transport may be withdrawn if my child's behaviour is persistently unacceptable or
If I fail to make appropriate arrangements for my child to be met at the normal set-down point on more than two occasions in one term. If transport is withdrawn it will be my responsibility to make suitable arrangements for him/her to attend school/provision.
13. Failure to notify the Council of changes in circumstances (change of address etc) may result in a delay in transport being re-arranged.

Parent/Carer Signature **Full name:**

Childs name **Date**.....

Privacy Notice Home to School Transport

Luton Borough Council is committed to protecting the privacy of your child and your information.

We have a Data Protection Officer who makes sure we respect your rights and follow the law. If you have any concerns or questions about how we look after your personal information, please contact the Council at feedback@luton.gov.uk.

Data Controller	Robin Porter, Luton Borough Council, Town Hall, George Street, Luton, LU1 2BQ
Data Protection Officer	Katy Bodycombe feedback@luton.gov.uk
Personal Data	Personal Data: Name, address, previous address, gender, date of birth, looked after status, parents/carers details, contact with other educational professionals/services, special educational needs, school, previous school, bank account details, benefit information, reason/s for requesting home to school transport assistance. Special Category: medical information
Purpose for using it	To provide your child with transport to school assistance
Lawful basis	To carry out the performance of a public task Special category data such as medical details are used in the public interest of supporting each child according to their needs and to take care of their wellbeing whilst in the school setting
Who we share it with	Local authorities; education providers; NHS; safeguarding partners; catering services; pastoral support such as counselling; appeal panellists
Why we share it with them	To meet the statutory requirement for monitoring by the Department of Education To provide access to education To provide pastoral care, food and safeguarding where necessary
Any automated decision making	None
Transfer of data to a non-EU country	None
Exercising your rights	You have the right to ask us to amend or delete your data as well as transfer it or limit its use. You also have the right to request a review of an automated decision where you think this is wrong. Each request will be considered individually however, where we are required to keep your data by law we may be unable to action your request. In all circumstances we will explain our decision making in writing to you

If you want more information about how we keep your data safe please see our main privacy statement at www.luton.gov.uk/privacy-cookies.

CHECK LIST: Have you enclosed all of the following?

- Completed application form
- Included the appropriate supporting documents (if not this could delay the processing of your child's transport assistance application form and delay payment if eligible.
- Signed the Application and Code of Conduct forms
- Included a stamped, self-addressed envelope for the return of your documents

COMPLETED APPLICATIONS SHOULD BE RETURNED TO:

Travel Assessment Team
 Planning & Admissions
 Town Hall
 Luton LU1 2BQ
 Contact 01582 54 8227

PLEASE NOTE THAT ALL APPLICATIONS ARE DEALT WITH ONLINE OR BY POST

For more information please visit, www.luton.gov.uk

FOR OFFICE USE ONLY			
Application type	Date received	School year of child R 1 2 3 4 5 6 7 8 9 10 11 12 13	
Nearest Suitable School? Y N	If not a suitable school, name of nearest suitable school:	Evidence of Free school meals seen? Y N	
Mileage <i>Primary: over 2</i> <i>Secondary: over 2, less than 6</i> <i>Secondary Faith: over 2, less than 15</i>		Comments	
Approve/Decline?	APPROVE	DECLINE	
Payment details:	Amount: How calculated:	Authorised By:	
Date:			