

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

START DATE

SCHOOL NAME



PUPIL DETAILS

SURNAME Male / Female (Tick)

FORENAMES

DATE OF BIRTH / / School Year [September - e.g. Year 7]

Permanent Home Address
 Post Code Telephone Number

PARENT / GUARDIAN DETAILS

Title [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 (Please tick)
 Pupil living over 2 miles from nearest appropriate Primary school
 Other [Please specify]
 [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 2
 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 I certify that I have read, understood and accepted the conditions attached to Home to School Transport.
 Signature [if form completed by hand] Date
 [Please note any claim suspected to be fraudulent will be referred to the County Borough Council's Audit Department for investigation]

SAVE COMPLETED FORM and email to the School Transport Mailbox
school.transport@wrexham.gov.uk

or print & post to :
 INTEGRATED TRANSPORT UNIT, ENVIRONMENT DEPARTMENT, ABBEY ROAD SOUTH,
 WREXHAM INDUSTRIAL ESTATE, WREXHAM, LL13 9PW. Tel.01978 292056 Fax.01978 729613

OFFICE USE ONLY				Form Ref. ITU Prem/Sec APRIL 2013			
Pupil Ref Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Elig. Reason	<input type="text"/>	Distance	<input type="text"/>
Request Received:	<input type="text"/>	/	<input type="text"/>	Contract 1	<input type="text"/>	Contract 2	<input type="text"/>
Transport Commenced	<input type="text"/>	/	<input type="text"/>	Transport Officer	<input type="text"/>	Bus Pass	<input type="text"/>