

# Application for transport to school

**T1 FORM**  
4-16 years



If you are applying for transport for your child starting a new school in September, this form must be returned to the Transport Eligibility Team by 15 March if you child has an EHCP or 31 July for all other children. In all other cases, your application should be submitted at least 6 weeks before travel is required.

Section A : Pupil details	For office use only
Name of Pupil:	Pupil number
Date of Birth: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address:	Distance to NAS school
Postcode: Tel No:	Distance to chosen school
Date moved to this address:	Comments
Previous address if the child has lived at another address during the time they have attended their current school:	
Postcode:	
Date moved to this address:	
Name of School to which transport is required:	
If attending one of the following schools, please indicate your child's main site:	
Oasis Academy, Isle of Sheppey: East <input type="checkbox"/> West <input type="checkbox"/>	
Eastchurch Primary School: All Saints <input type="checkbox"/> St Clement <input type="checkbox"/>	
Weald of Kent: Tonbridge <input type="checkbox"/> Sevenoaks <input type="checkbox"/>	
Name of Brother / Sister at same school	
Previous School (if different)	
Date Transport Required:	
Boarding Point (if known):	
Does your child have an Education, Health and Care Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please return this form with a copy of your child's EHC Plan and any other information you wish to be taken into consideration. A child with EHCP may be eligible for a Personal Transport Budget (PTB). A PTB is money to help you make your own arrangements to get your child to school. If you are interested in being considered for a PTB please tick this box. <input type="checkbox"/>	
If you feel your child's disabilities or medical needs require that they travel with a passenger assist, please tick this box. <input type="checkbox"/> Passenger assistants are only granted where there is a clear, demonstrable need. Please provide a copy of any evidence that you feel supports your request.	

Section B : Parent/Guardian details
Name of Parent/Guardian: Mr / Mrs / Miss / Ms /
Email Address:
Is your child a looked after child under the care of the Local Authority? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Children in Local Authority Care</b> – a child under the age of 18 years for whom the local authority provides accommodation by agreement with their parents/carers (Section 22 of the Children Act 1989) or who is the subject of a care order under Part IV of the act. This applies equally to children who immediately after being looked after by the local authority became subject to an adoption, residence or special guardianship order. (As defined by Section 46 of the Adoption and Children Act 2002 or Section 8 or 14a of the Children Act 1989).
Which Local Authority is the corporate parent:

*If you are not applying under Low Income please turn the page and complete Section E.*

**Low Income Families including Children with an EHC Plan:**

*If you are applying under low income families criteria, please turn the page and complete Sections C & E.*

**Low Income Families requesting Denominational Travel including Children with an EHC Plan:**

*If you are applying under low income families criteria for denominational travel, please turn the page and complete Sections C, D & E.*

### Section C : Low Income Families including Children with EHCP

If you are applying under the Low Income Criteria, you must provide evidence that you are in receipt of one of the qualifying benefits below. Please ensure you include all pages of any proof you submit.

- Free School Meals                       Maximum Level of Working Tax Credit (TC602)
- Income Support                               Income Based Jobseekers Allowance
- Guaranteed Element of State Pension Credit (Pension Credit M1000 Award Notice)
- Income-related Employment and Support Allowance
- Child Tax Credit (without working tax credit and an annual income that does not exceed £16,190) (TC602)

NI Number of applying Parent: \_\_\_\_\_

**Please note:** When parents receive Child Tax Credit **but not** Working Tax Credit, the level of yearly income (currently £16,190) would be taken into account when assessing the child's eligibility.

If parents receive both Child Tax Credit and Working Tax Credit, then the Working Tax Credit element overrides the Child Tax Credit element and parents must be in receipt of the maximum level of Working Tax Credit to qualify on low income grounds.

### Section D : Denominational Travel

**To be completed if attending a Church School and in receipt of one of the benefits above**

I certify that (Child's Name) \_\_\_\_\_

is a regular practising member of \_\_\_\_\_

Church

Signed: \_\_\_\_\_

Church / Parish

Print Name: \_\_\_\_\_

Vicar / Priest

### Section E : Declaration

I attach a passport-sized photograph with pupil's name and address on back.  **Please be aware, no photographs will be returned**

If I am not eligible to receive transport assistance, I wish to be considered for a VSPS seat on hired transport.

**I have read and understood the accompanying Home to School Transport Guidance**



I confirm that the details I have provided are complete and accurate. I understand that you may take action against me, including criminal prosecution and civil recovery, if I have provided false information in this application form.

I consent to the disclosure of information on this form by Kent County Council for the purpose of the verification of this claim and investigation, prevention, detection and prosecution of fraud.

The details you provide will be processed by Kent County Council for use in providing transport services for school-age children and may be disclosed to relevant schools and contractors acting on behalf of Kent County Council for the provision of school transport.

I agree that you will use the information I have provided to process my claim for transport assistance and will contact other sources as allowed by the law to verify my initial, and ongoing, entitlement.

Signed: \_\_\_\_\_

Parent / Guardian

Date: \_\_\_\_\_

**DUE TO THE LARGE NUMBER OF APPLICATIONS RECEIVED WE ARE UNABLE TO CONFIRM RECEIPT OF YOUR FORM**

Transport Eligibility Team, Sessions House, Room 2:24, County Hall, Maidstone, Kent ME14 1XQ