

Application for transport to school

This form must be returned to the Transport Eligibility Team by **31 July** or 6 weeks before travel is required

Please complete in **BLOCK CAPITALS** and tick the relevant boxes

FORM T1A

4-16 years




Pupil details		For office use only
Name of Pupil:		Pupil number
Address:		
Postcode:		Distance to NAS school
Tel No:		
Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Distance to chosen school
Date moved to this address:		
Previous address (if applicable):		Comments
Name of School to which transport is required:		
Name of Parent/Guardian: Mr / Mrs / Miss / Ms /		
Name of Brother / Sister at same school		
Previous School (if different)		
Boarding Point (if known):		
Email Address:		
Date Transport Required:		
Does your child have an Education, Health and Care Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>*Please return form by 15 March or 6 weeks before transport is required</p> <p>Please return this form with a copy of your child's EHC Plan and any other information you wish to be taken into consideration.</p> <p>Please also indicate by ticking the box if you are interested in being considered for a Personal Transport Budget <input type="checkbox"/></p>		
If attending Oasis Academy, Isle of Sheppey to which site is transport required? East <input type="checkbox"/> West <input type="checkbox"/>		
If attending Eastchurch Primary School to which site is transport required? All Saints <input type="checkbox"/> St Clement <input type="checkbox"/>		
Is your child a looked after child under the care of the Local Authority? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Which Local Authority is the corporate parent:		

Children in Local Authority Care – 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).

Denomination Travel If you are applying under the denominational travel criteria, please turn page and complete the required declaration at the bottom of the form.

<p>I attach a passport-sized photograph with pupil's name and address on back <input type="checkbox"/> Please be aware, no photographs will be returned</p> <p>If I am not eligible to receive transport assistance, I wish to be considered for a VSPS seat on hired transport <input type="checkbox"/></p>
<p>Low Income Families Transport If you are applying under the Low Income Families Criteria please turn page to part T1B and complete the required additional information.</p>
<p>Low Income Families including Children with an EHC Plan If you are applying under the Low Income Families Criteria and your child has an Education, Health and Care Plan, please turn page to part T1B and complete the required additional information.</p>
<p>I have read and understood the accompanying Home to School Transport Guidance <input type="checkbox"/></p>

 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 the investigation, prevention, detection and prosecution of fraud.

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, County Hall, Maidstone Kent ME14 1XQ