1. **Information about the child/young person**

|  |  |
| --- | --- |
| **Name of child/young person:** |  |
| **Date of birth:** |  |
| **Gender:** |  |

1. **Change of address or changes to school/college**

|  |  |
| --- | --- |
| **Current home address, including post code:** |  |
| **If you have moved address, please add your new home address and post code here:** |  |
| **Name and address of the child/young person’s school or college:** |  |
| **If your child is changing school/college, please provide the name and address of the new placement here:** |  |
| **When will they be starting at this school/college?** |  |

1. **Child/young person’s school timetable**

Please provide your child’s new school timetable if applicable

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Start time** |  |  |  |  |  |  |  |
| **Finish time** |  |  |  |  |  |  |  |

1. **Children and young people with special educational needs and/ or a disability**

|  |  |
| --- | --- |
| **Have your child’s disability or special needs changed since you first applied for travel assistance? If yes, please provide more information:** |  |

1. **Additional Information**

|  |  |
| --- | --- |
| **Is the child or young person entitled to free school meals or do you receive the maximum level of working tax credit? If yes, please provide evidence of this.** |  |
| **Is the child or young person attending a religious school based upon the grounds of religion?** |  |
| **Do you or your partner have a disability or condition which means you are unable to accompany your child to school? If yes, please provide more information about this including medical evidence of you/your partner’s condition.** |  |
| **Please provide any other information that you feel is relevant to your child’s application** |  |
| **Will you be providing any additional documentation to support your application?** | [ ]  **Yes** [ ]  **No****If yes, please write below which documents that you will be providing:** |
| **If your application for travel assistance is agreed, please state which method of travel assistance that you would prefer.** | [ ]  **Independent Travel Training**[ ]  **Personal Transport Budget**[ ]  **Council provided Transport (Minibus)** |

1. **Submitting this form**

|  |  |
| --- | --- |
| **Form completed by:** |  |
| **Signature:** |  |
| **Contact number:** |  |
| **Email address:** |  |
| **Date completed:** |  |

**Please return this form to the contact details below:**