

Please use CAPITALS

APPLICATION FOR SIXTH FORM TRANSPORT - Year 12 - 13



PUPIL DETAILS

Surname

Forenames

Date of Birth Male/Female (Tick)

Full Home Address

Town County

Post Code Tel. No. (Incl. STD Code)

PARENT/GUARDIAN DETAILS

Title Surname Forename

Address if different from above (otherwise leave blank)

Town County

Post Code Tel. No. (Incl. STD Code)

School(s) Centre to be attended

If this is not your nearest school - give reason for your choice

Start Date

Why are you applying for assisted travel? (Please Tick)

- Pupil living over 3 miles from school
- Concessionary fare (take up spare places-termly charge)
- Medical grounds
- Other (please specify)

Subjects studied

SCHOOL BUS: Name of bus stop / Pick up point from which you would like to be collected (Leave blank if not sure) Transport will normally be to and from bus-stops or pick-up points as designated by the Authority.

I have read and understood the Code of Behaviour on school transport and am aware of the implications if my child does not abide by the Code. If my child causes wilful damage to any transport provision which is provided under contract to the Authority, I undertake to reimburse to the Transport Contractor the full cost of repairing the damage or replacing the damaged item at the discretion of the Contractor. I understand that CCTV may be in use on some routes and that my child's footage and information will be stored and processed in accordance with the Data Protection Act 1998.

Signed

Date

I understand that the information I have provided will be processed by Denbighshire County Council for the purpose of school transport provision, the monitoring and management of this service, including behavioural management and any anti social behaviour prevention programmes, fraud prevention and detection and any purpose related to this service provision. I consent to the sharing of this information with other departments or Government Bodies and other organisations delivering a service that relates to the provision of school transport and its management and that they may contact me directly. I understand that I have the right to request a copy of the personal data held about me and my child and to correct any inaccuracies. Such enquiries should be made in writing to the Head of Record Management, 46 Clwyd Street, Ruthin LL15 1HP or on www.denbighshire.gov.uk/en-gb/DNAP-75UJKV.

Signed

Date

Successful applications are subject to a 7 to 10 day processing period during term time.
George Williams, Modernising Education, Denbighshire County Council, County Hall, Wynnstay Road, Ruthin, Denbighshire LL15 1YN. Tel: 01824 706109.

