

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

START DATE   2 / 0    
Month Year

SCHOOL NAME



**PUPIL DETAILS**

SURNAME  Male / Female (Tick)  M  F

FORENAMES

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

Permanent Home Address

Post Code

**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](mailto: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

<b>OFFICE USE ONLY</b>				Form Ref. ITU Prem/Sec MAY 2014			
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"/>	<input type="text"/>	Contract 1	<input type="text"/>	Contract 2	<input type="text"/>
Transport Commenced:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Transport Officer	<input type="text"/>	Bus Pass	<input type="text"/>