



APPLICATION FOR ASSISTANCE WITH TRAVEL FORM

1. PARENT'S/GUARDIANS' NAME			
Surname	Previous Surname	Forename(s)	Mr/Mrs/Ms
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. CURRENT ADDRESS	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Post Code	Telephone No.
<input type="text"/>	<input type="text"/>

3. IS THIS ADDRESS	Temporary	<input type="checkbox"/>	Permanent	<input type="checkbox"/>
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4. PREVIOUS ADDRESSES – Please list below all previous addresses over the last five years
<input type="text"/>
<input type="text"/>
<input type="text"/>

5. Details of the child for whom you are claiming assistance with travel			
Surname	Previous Surname	First Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to you	<input type="text"/>	Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Current School	<input type="text"/>		
Complete Address	<input type="text"/>		
School transferring to	<input type="text"/>		
Complete Address	<input type="text"/>		
Borough	<input type="text"/>		
Type of School	<input type="text"/>		
(eg. Community, Foundation, Voluntary Aided eg RC/CE/Special)			
Date you first attended, or hope to attend the school	<input type="text"/>		
Year Group	<input type="text"/>		
Have you received assistance with travel before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, to which school?	<input type="text"/>		
Name of brother or sister receiving assistance	<input type="text"/>		
To which school	<input type="text"/>		

Does your child have a statement of SEN YES NO

Is he/she undergoing assessment of SEN YES NO

Is child in care to Lambeth Social Services YES NO

6. CHILDREN TRANSFERRING FROM PRIMARY TO SECONDARY SCHOOL ONLY

Please state Schools applied for in order of preference			
Schools	Offer	Acceptance	Refusal
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			

Please note that any parent who has applied to a school further than the nearest school will not be offered assistance with travel unless the nearest school was not able to offer a school place.

IMPORTANT: Before you return this form, please tick the boxes below to make sure that you have done the following:

7. **SEN** - Attach a copy of your child's statement of SEN
- DENOMINATIONAL** - Attach supporting reference from parish priest
- SECONDARY SCHOOL** - Attach a photocopy of the letter from the secondary school that is offering your child a place
- REFUSAL LETTER(S)** - Attach a photocopy of the letter(s) from the school(s) refusing your child a school place.
- TEMP ACCOM HOUSING** - Attach a copy of letter from housing
- MEDICAL EVIDENCE** - Attach a letter from GP/Hospital illness relating to inability travelling without aid or preventing travel by bus

8. DECLARATION

I declare that I am the legal parent or guardian of the above named pupil. I understand that the pass must be returned to the Access Service if my circumstances change - e.g. change of school or home address/non-attendance/leaving school, and that failure to do so may render me liable to repay the outstanding value of the pass.

Signed Print Name Date

WARNING: It is an offence to give false or misleading information and could lead to prosecution.

9. FOR SCHOOL USE ONLY

I certify that the pupil details given above are correct

Signed Print

Designation Date

School Stamp

LAMBETH ETHNIC BACKGROUND RECORD FORM

Lambeth is a community of people from many ethnic backgrounds. The Council's policy is to treat everyone fairly, whatever their race, colour or ethnic group. Your answer to this question will allow us to check that everyone is being treated fairly.

ETHNIC CATEGORIES

White

- British (English/Scottish/Welsh)
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other White background (specify)
- Greek
- Turkish
- Portuguese

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (specify)

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (specify)

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

Any other ethnic background

- Vietnamese
- Any other ethnic group (specify)

I do not wish an ethnic background category to be recorded.

FOR OFFICE USE	
Application received:	Alternative school place <input type="checkbox"/> Issued <input type="checkbox"/> Not Issued <input type="checkbox"/>
Distance: Distance to alternative school:	Processed by: Checked by:
Date letter sent: Offer: <input type="text"/> Reject: <input type="text"/>	Date pass sent:

Please Note: Certain information given on this form may be held on computer and where is the case, will be registered under the Data Protection Act 1984.