

**Application for assistance with home to school transport related to family income 2008/09**



**Bedfordshire**  
county council

Please read the attached notes before completing this form. Please complete a separate form for each child

**A – Details of parent/guardian**

Surname	First Name(s)	National Insurance Number	Relationship to child (please select)
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian

**B – Home address**

Address

Postcode

Telephone Number

**C – Details of child**

Surname	First Name(s)	Date of Birth	School

**D – Eligibility**

Please select

My child receives free school meals

My child is eligible for free school meals (see guidance notes for details of eligibility and supporting documentation required)

I am in receipt of the maximum level of Working Tax Credit (please attach a full copy of your HM Revenue & Customs Tax Credit Award Notice)

**E – Religion or Belief**

My child has been admitted to their school because of my religion or belief

**Please note that applications made because of religion or belief will be subject to confirmation by the Head teacher of the school.**

**E – Declaration**

I certify that the information given is correct and that I will inform the School Transport Entitlement Team of any changes in my circumstances.

Signature	Date

**For office use only**

<input type="checkbox"/> Correct Benefit	<input type="checkbox"/> Distance met	<input type="checkbox"/> Designated School	<input type="checkbox"/> Letter sent
<input type="checkbox"/> Start Date	<input type="checkbox"/> Authorised	<input type="checkbox"/> Religion/Belief	<input type="checkbox"/>

Please return this form to:  
 School Transport Entitlement Team  
 Customer Engagement Centre  
 Bedfordshire County Council  
 Cauldwell Street  
 Bedford MK42 9AP

Tel: 01234 228431  
 Fax: 01234 276010  
 Email: [school.transport@bedscc.gov.uk](mailto:school.transport@bedscc.gov.uk)