



APPLICATION FOR HOME TO SCHOOL TRANSPORT



This form is for pupils of statutory school age that are eligible for and require Home to School Transport (It is not for pupils with Special Education Needs).

Please ensure that you complete a separate form for each child applying for transport.

PART A: To be completed in BLOCK CAPITALS by the Parent / Guardian

Full Name: _____ (Male / Female) Date of Birth: _____

Address: _____

Postcode: _____

Tel. No(s): _____

School to be attended: _____

School currently attended / School last attended: _____

Information provided by you will be held and automatically processed as data on a computer system. The Council will take all reasonable precautions to ensure confidentiality and to comply with the principles contained in the Data Protection Act.

In order to aid the prevention of fraud in the administration of public funds the information may be compared with other personal data held by the Council and may be used for cross-authority comparison purposes.

I certify that the above information is correct to the best of my knowledge. I have read the Parents' Code of Conduct and the Welsh Assembly Government Travel Behaviour Code and understand that unacceptable behaviour by my child may result in the withdrawal of his / her entitlement to transport.

I accept that the vehicle my child will travel on may have a CCTV system in operation and that any footage recorded may be viewed and used as evidence of unacceptable behaviour. The CCTV footage is confidential and will only be viewed by designated persons that have been approved through the Criminal Records Bureau process.

Parent / Guardian Signature: _____ Date: _____

**The completed form should be returned within 10 working days of receipt to:
School Transport, Department of Environment, City and County of Swansea, Civic Centre, Swansea SA1 3SN.**

(The School Transport Team will contact the enrolling school for completion of Part B)

PART B: To be completed by enrolling school

To the best of my knowledge, the pupil and address details given are in accordance with the pupil registration.

SCHOOL STAMP

Signature of Headteacher (or authorised representative): _____ Date: _____

**Please return to:
School Transport, Department of Environment, City and County of Swansea, Civic Centre, Swansea SA1 3SN.**

PART C: For use by the School Transport Team

Eligibility Confirmed: Yes / No Initials: _____ Date: _____

Route number(s): _____

Pass number: _____ Date issued: _____