

Application for transport to school

Please read the information below and ensure that you have read KCC's Admissions Privacy Notice at kent.gov.uk/privacy before completing this form

T1 FORM

4-16 years



If you are applying for transport for your child starting a new school in September, this form must be returned to the Transport Eligibility Team by 1 April if your child has an EHCP or 16 July for all other children. In all other cases, your application should be submitted at least 6 weeks before travel is required.

Section A : Pupil details		For office use only
Name of Pupil:		Pupil number
Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Distance to NAS school
Address:		Distance to chosen school
Postcode:	Tel No:	Comments
Date moved to this address:		
Previous address if the child has lived at another address during the time they have attended their current school:		
	Postcode:	
Date moved to this address:		
Name of School to which transport is required:		
If attending one of the following schools, please indicate your child's main site:		
Eastchurch Primary School:	All Saints <input type="checkbox"/> St Clement <input type="checkbox"/>	
Weald of Kent:	Tonbridge <input type="checkbox"/> Sevenoaks <input type="checkbox"/>	
Name of Brother / Sister at same school		
Previous School (if different)		
Date Transport Required:		
Boarding Point (if known):		
Does your child have an Education, Health and Care Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child require any specialised mobility equipment or have health/medication needs that we need to be aware of? No <input type="checkbox"/> Yes <input type="checkbox"/> <i>If 'Yes' please complete the accompanying section on mobility equipment/health/medication needs</i>		
A child with EHCP may be eligible for a Personal Transport Budget (PTB). A PTB is money to help you make your own arrangements to get your child to school. If you wish to be considered for a PTB instead of KCC making transport arrangements for your child, please tick this box. <input type="checkbox"/>		
If you feel your child's disabilities or medical needs require that they travel with a passenger assist, please tick this box. <input type="checkbox"/> Passenger assistants are only granted where there is a clear, demonstrable need. Please provide a copy of any evidence that you feel supports your request.		

Section B : Parent/Guardian details
Name of Parent/Guardian: Mr / Mrs / Miss / Ms /
Email Address:
Is your child a looked after child under the care of the Local Authority? Yes <input type="checkbox"/> No <input type="checkbox"/>
Children in Local Authority Care – a 'looked after child' or a child who was previously looked after but immediately after being looked after became subject to an adoption, child arrangements, or special guardianship order. A looked after child is a child who is (a) in the care of a local authority, or (b) being provided with accommodation by a local authority in the exercise of their social services functions (see the definition in Section 22(1) of the Children Act 1989).
Which Local Authority is the corporate parent:

If you are not applying under Low Income please turn the page and complete Section E.

Low Income Families including Children with an EHC Plan:

If you are applying under low income families criteria, please turn the page and complete Sections C & E.

Low Income Families requesting Denominational Travel including Children with an EHC Plan:

If you are applying under low income families criteria for denominational travel, please turn the page and complete Sections C, D & E.

Section C : Low Income Families including Children with EHCP

If you are applying under the Low Income Criteria, you must provide evidence that you are in receipt of one of the qualifying benefits below. Please ensure you include all pages of any proof you submit.

- Free School Meals Maximum Level of Working Tax Credit (TC602)
- Income Support Income Based Jobseekers Allowance
- Guaranteed Element of State Pension Credit (Pension Credit M1000 Award Notice)
- Income-related Employment and Support Allowance
- Universal Credit (with an annual net earned income of no more than £7,400 as assessed by earnings from up to three of your most recent assessment periods). You must provide a full copy of your most recent statement, a screen shot will be accepted
- Child Tax Credit (without working tax credit and an annual income that does not exceed £16,385) (TC602)

Please note: When parents receive Child Tax Credit **but not** Working Tax Credit, the level of yearly income (currently £16,385) would be taken into account when assessing the child's eligibility.

If parents receive both Child Tax Credit and Working Tax Credit, then the Working Tax Credit element overrides the Child Tax Credit element and parents must be in receipt of the maximum level of Working Tax Credit to qualify on low income grounds.

Section D : Denominational Travel

To be completed if attending a Church School and in receipt of one of the benefits above

I certify that (Child's Name) _____

is a regular practising member of _____

Church

Signed: _____

Church / Parish

Print Name: _____

Vicar / Priest

Section E : Declaration

I attach a passport-sized photograph with pupil's name and address on back. **Please be aware, no photographs will be returned**

I have read and understood the accompanying Home to School Transport Guidance



I confirm that the details I have provided are complete and accurate. I understand that you may take action against me, including criminal prosecution and civil recovery, if I have provided false information in this application form.

I consent to the disclosure of information on this form by Kent County Council for the purpose of the verification of this claim and investigation, prevention, detection and prosecution of fraud.

The details you provide will be processed by Kent County Council for use in providing transport services for school-age children and may be disclosed to relevant schools and contractors acting on behalf of Kent County Council for the provision of school transport.

I agree that you will use the information I have provided to process my claim for transport assistance and will contact other sources as allowed by the law to verify my initial, and ongoing, entitlement.

Incomplete applications will be returned and not processed until all requested information has been provided, including parental confirmation that they have read the Home to School Transport Guide.

Signed: _____

Parent / Guardian

Date: _____

DUE TO THE LARGE NUMBER OF APPLICATIONS RECEIVED WE ARE UNABLE TO CONFIRM RECEIPT OF YOUR FORM
Transport Eligibility Team, Sessions House, Room M4.26, County Hall, Maidstone, Kent ME14 1XQ

Mobility equipment / health medication needs

Please only complete this section if your child has mobility equipment/health/medication needs

Does your child use a wheelchair Yes No

Wheelchair make

Wheelchair model

Wheelchair type

Must your child travel in a wheelchair? Yes No

Does your child require any of the following?

- Car seat (to be provided by parent/guardian)
- Booster cushion (to be provided by parent/guardian)
- Special harness
- Other (to be provided by parent/guardian please give additional details below)

Does your child suffer from any of the following? (Please tick all that apply)

- Epilepsy
- Asthma
- Cystic fibrosis
- Diabetes
- Travel sickness
- Incontinence

If your child suffers from any other conditions not mentioned above, give details here: