

# Application for travel assistance to school

# September 2022 to July 2023

**Contact:** [Emma.shadbolt@luton.gov.uk](mailto:Emma.shadbolt@luton.gov.uk)

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This application form applies to those pupils **without** an educational health care plan (EHCP) and will be assessed in line with our home to school transport policy.

Please complete all relevant sections of this application. Any missing or incorrect information may delay the processing and/or qualification for travel assistance.

Travel assistance comes in many forms such as:

* walking
* cycling
* financial assistance to travel on public transport
* mileage refund

By completing this application form you’re giving us permission to discuss the child it applies to with:

* the school
* any other relevant department that may hold information required in the assessment of this application

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# Information about the category you’re applying under

For **all** applications the named student must have been admitted to the place of education and meet the statutory distance criteria.

Low incomeThis category covers students whose parents meet the [criteria used for assessing eligibility for free school meals](http://www.luton.gov.uk/Education_and_learning/Pages/Free-school-meals.aspx). Please ensure you attach with your application a copy of your most recently dated Tax Credit Award letter (all pages) to assist the assessment process.

* **Primary schools:** students must be attending their nearest suitable school and living more than 2 miles
* **Secondary schools:** students must be attending one of their 3 nearest suitable schools and living more than 2 miles but no more than 6 miles from it
* **Secondary faith schools:** students must be attending their nearest suitable school, living more than 2 miles but no more than 15 miles from it and come from a low income family.

For more information on eligibility, please [see the free school meals page on Luton.gov.uk](https://m.luton.gov.uk/Page/Show/Education_and_learning/Pages/Free-school-meals.aspx).

Medical  
This category covers a condition that prevents either the student or the parent/carer from being able to travel to/from school.

Please detail the medical reason/s travel assistance is required in the additional information box including any supporting documentation including medical or consultant letters.

We do not ordinarily accept letters from GPs. Seek further assistance by calling 01582 548227.

Post-16  
This category includes students from low income families and learners in local authority care or those that have recently left local authority care. Low income is defined as students whose family [meet the criteria used for assessing eligibility for FSM](https://m.luton.gov.uk/Page/Show/Education_and_learning/Pages/Free-school-meals.aspx).

To qualify for this category, students must:

* live in Luton throughout the duration of the course
* be enrolled on and attending a full time course engaged with learning or training at:
  + a further education institution
  + a school or academy
  + an authority maintained or assisted institution providing higher or further education
  + an establishment funded directly by the Education Funding Agency
  + a learning provider that is funded by the local authority to deliver foundation learning or other accredited programmes of learning
* be over the statutory school age but not aged 19 or over, on 31 August in the year in which their course of study began
* live further than three miles (walking route) from the nearest institution to offer their chosen course

Where a student opts to attend an institution other than their nearest college the chosen course must differ by at least 50% to that offered by nearer institutions.

For example, a student may be studying 4 A levels and 2 of these may not be available in at nearer colleges. In this case assistance with travel costs will be provided. However, if 3 of the A levels are available at a more local institution then assistance will not be provided.

Payments will be made directly into the student’s bank account on a half termly basis.

Each subsequent half term payment will be dependent upon 95% attendance in the previous half term.

Qualifying students will be paid half the weekly ticket price of the bus travel up to a maximum of £7.50 per week.

Please detail all subjects that you will be studying and at what level in the additional information box, ensuring your place of education endorses the application form. You must submit your most recent full award letter (all pages) as proof of your eligibility.

Other  
This category could include students placed at a school or alternative education provision by the local authority over the statutory walking distance:

* greater than 2 miles for children up to the age of 8
* greater than 3 miles for children aged 8 and over

Please detail the reason/s travel assistance is required in the additional information field.

# Subject to eligibility (not for post-16 applications)

Payments will be:

* made by the start of each term upon receipt of a correctly completed application form
* equivalent to the cost of that term’s bus travel for students, worked out in the most economical way, where a parent/carer is eligible the payment will be worked out in the most economical way

For applications made part way through a term, payments will be equivalent to the cost of bus travel for the remaining weeks of that term.

In the case of unforeseen circumstances, this may change at short notice and we’ll do our best to notify you should this happen.

# Bank account details

Please provide your bank account details. Please ensure that the information provided is clear, correct and up to date. You must provide proof of this bank account by sending a bank statement, paying slip or crossed cheque.

Account holders full name: Click here to enter text

Bank account number: Click here to enter text

Sort code: Click here to enter text

Name of bank: Click here to enter text

# Student details

Please select which stage of education the student is in\*: Choose an item

Name of school or provision: Click to enter text

Select the school year: Choose an item

If other, please specify: Click to enter text

Select the category under which you’re applying for travel assistance\*: Choose an item.

Full address of education provider: Click to enter text

Postcode: Click to enter text

Start and finish times: Start and Finish

Select all the days that travel assistance is needed:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Start date of travel assistance: Click to enter a date

End date of travel assistance: Click to enter a date

Student’s full name: Click to enter text

Date of birth: Click to enter a date

Home address: Click to enter text

Home postcode: Click to enter text

# Parent/carer details

## Parent/carer 1

Full name: Click to enter text

Relationship to student: Choose an item

If other please specify: Click to enter text

Home address: Click to enter text

Postcode: Click to enter text

Home phone: Click to enter text

Work phone: Click to enter text

Mobile: Click to enter text

Email address: Click to enter text

Occupation: Click to enter text

Daily hours worked: Click to enter text

## Parent/carer 2

Full name: Click to enter text

Relationship to student: Choose an item

If other please specify: Click to enter text

Home address: Click to enter text

Postcode: Click to enter text

Home phone: Click to enter text

Mobile: Click to enter text

Email address: Click to enter text

Occupation: Click to enter text

Daily hours worked: Click to enter text

Do you have parental responsibility for this child? Choose an item

If other, please specify: Click to enter text

## Alternative contact

Full name: Click to enter text

Relationship to child: Choose an item

If other please specify: Click to enter text

Home phone: Click to enter text

Work phone: Click to enter text

Mobile: Click to enter text

Email address: Click to enter text

## More about the student

Does the named student have any SEN or disability\*? Choose an item

\* If **yes**, please detail these in the additional information box and attach evidence to support your application.

Is the child named above known to Social Services? Choose an item

If yes, what is their social worker’s name? Click to enter text

Social worker’s phone number: Click to enter text

Is the above named child in care (looked after child)? Choose an item.

# Additional information

Please add any additional information into this field.

Click to enter text

# Additional information required for post-16 students only

## Student declaration

Please detail all courses to be studied and course codes:

Click to enter text

I declare the information given is current to the best of my knowledge and belief.

Signature\*: Click or tap here to enter text.

\* Adding your name to this field is accepted as your signature.

Date signed: Click to enter a date

## College endorsement

I confirm that this application form has been completed by a student who has been offered a place on a **full-time** course at this college.

The applicant appears to satisfy the 3 mile criteria.

The applicant has submitted appropriate low income documents.

Signed\*: Click to enter text

\* Typing your name in this field is accepted as your signature.

Full name: Click to enter text

Date signed: Click to enter a date

College stamp:

# Equal opportunity monitoring

Please complete the section below by ticking the appropriate boxes.

## Race and ethnicity

**White**

* British
* Irish
* Gypsy/Traveller
* Eastern European
* Other, please specify
* Click to specify other

**Mixed**

* White and Black Caribbean
* White and Black African
* White and Asian
* Other, please specify
* Click to specify other

**Asian or Asian British**

* Indian
* Pakistani
* Bangladeshi
* Kashmir
* Other, please specify
* Click to specify other

**Black or Black British**

* Caribbean
* African
* Other, please specify
* Click to specify other

**Chinese or other ethnic group**

* Chinese
* Other, please specify
* Click to specify other

# Disability

The disability categories below are broadly based on the definition of a disabled person in the [Disability Discrimination Act 1995](https://www.legislation.gov.uk/ukpga/1995/50/contents) as ‘someone with a physical or mental impairment which has a substantial or long term effect upon his/her ability to carry out normal day to day activities’.

Do you consider yourself to have a disability?

Yes  
 No

If ‘Yes’ please tick which of the following best describe your disability?

Hearing Impairment / deaf

Visually Impaired / blind

Physical

Mental health

Learning

Other, please specify

Click to specify other

# Parent/carer declaration

By signing this application form you’re confirming that all information is correct at time of completion and that you have parental responsibility of the named student.

Signed\*: Click to enter text

\* Typing your name in this field is accepted as your signature.

Full name: Click to enter text

Relationship to student: Choose an item

Date signed: Click to enter a date

# Appendix 1: code of conduct for children and young people on school transport

1. If waiting at a pick up point, I will always stay safe by keeping away from the road.

2. When boarding and alighting from transport I will do it in an orderly fashion.

3. I will wear a seat belt at all times (where required) and remain seated throughout the journey.

4. I understand that aggressive, violent and abusive behaviour towards staff or other passengers is unacceptable and may result in the temporary or permanent withdrawal of my travel assistance.

5. I will ensure that I will keep my bags out of the gangway.

6. I will not speak to the driver whilst they are driving, unless there is an emergency.

7. I understand that I must be reasonably quiet in the vehicle and understand that excessive noise can disturb the driver and can be dangerous.

8. I will not play any listening device unless using headphones.

9. I will ensure that my mobile phone is on the silent or vibrate setting.

10. I will not stand up or move around the vehicle whilst it is moving.

11. At the end of the journey, I will wait until the vehicle has stopped before I get out of my seat.

12. I will not eat, drink, smoke or drop litter in the vehicle.

13. I will always follow the instructions of the driver or passenger assistant and be considerate towards other passengers and behave sensibly at all times.

You may be suspended from or permanently excluded from transport should you not follow this code of conduct.

Please remember that you and your parent/carer are responsible for any damage caused to any vehicle you may be travelling in, should any damage occur, you or your parent/carer will be charged or potentially prosecuted.

Signed\*: Click to enter text

\* Typing your name in this field is accepted as your signature.

Full name: Click to enter text

Relationship to child: Choose an item

If other, please specify: Click or tap here to enter text.

Date signed: Click to enter a date

# Appendix 2: parent/carer school travel agreement

While my child is receiving travel assistance to school, I agree to the following.

1. To ensure that my child is ready at the agreed time of pick up when the vehicle arrives at our home or at the pick-up point (transport staff are instructed not to wait over 5 minutes).

2. To be there to meet him/her at the set down point on return, or agree in writing in advance when another responsible person will do this.

3. To ensure that my child understands the standard of behaviour that is expected whilst travelling to and from school/provision. This is set out in the [code of conduct](#_Appendix_1:_code) above.

4. To ensure that my child understands the need for safety and that the wearing of a seat belt or harness is essential

5. If travelling by taxi or minibus inform the Passenger Transport Unit, (PTU) on 01582 547387 if my child is unwell and will not be travelling to school/provision, as well as the school/provision they are attending.

6. To inform the Education travel assessment officer on 01582 548227 of any change to travel requirements, or any change in medical needs.

7. To ensure that the education travel assessment officer is informed of any change of address in advance as eligibility to travel assistance will need to be re assessed.

8. To pay for any wilful damage caused by my child.

9. To supply the Education travel assessment officer with general and emergency contact details for getting in touch with me and ensure these are kept up to date.

**Furthermore, I understand that:**

11. Passenger assistants are not responsible for the administration of drugs or any medical procedures.

12. Transport may be withdrawn if either:

* my child’s behaviour is persistently unacceptable
* I fail to make appropriate arrangements for my child to be met at the normal set-down point on more than two occasions in one term. If transport is withdrawn it will be my responsibility to make suitable arrangements for him/her to attend school/provision

13. Failure to notify the council of changes in circumstances (such as a change of address) may result in a delay in transport being rearranged.

Parent/care signature\*: Click to enter text

\* Typing your name in this field is accepted as your signature.

Full name: Click to enter text

Child’s name: Click or tap here to enter text.

Date signed: Click to enter a date

# Appendix 3: privacy notice for home to school transport

Luton Council is committed to protecting the privacy of your child and your information.

We have a data protection officer who makes sure we respect your rights and follow the law. If you have any concerns or questions about how we look after your personal information, please contact the council at [feedback@luton.gov.uk](mailto:feedback@luton.gov.uk).

|  |  |
| --- | --- |
| Privacy Section | Privacy Section Description |
| Data Controller | Robin Porter, Luton Council, Town Hall, George Street, Luton, LU1 2BQ |
| Data Protection Officer | Zoe Bulmer  [feedback@luton.gov.uk](mailto:feedback@luton.gov.uk) |
| Personal Data | Personal data: Name, address, previous address, gender, date of birth, looked after status, parents/carers details, contact with other educational professionals/services, special educational needs, school, previous school, bank account details, benefit information, reason/s for requesting home to school transport assistance.  Special category: medical information |
| Purpose for using it | To provide your child with transport to school assistance |
| Lawful basis | * To carry out the performance of a public task * Special category data such as medical details are used in the public interest of supporting each child according to their needs and to take care of their wellbeing whilst in the school setting |
| Who we share it with | Local authorities; education providers; NHS; safeguarding partners; catering services; pastoral support such as counselling; appeal panellists |
| Why we share it with them | * To meet the statutory requirement for monitoring by the Department of Education * To provide access to education * To provide pastoral care, food and safeguarding where necessary |
| Any automated decision making | None |
| Transfer of data to a non-EU country | None |
| Exercising your rights | You have the right to ask us to amend or delete your data as well as transfer it or limit its use. You also have the right to request a review of an automated decision where you think this is wrong.  Each request will be considered individually however, where we are required to keep your data by law we may be unable to action your request. In all circumstances we will explain our decision making in writing to you |

For more information about how we keep your data safe, please see our main privacy statement at [luton.gov.uk/privacy-cookies](https://m.luton.gov.uk/Page/Show/privacy-cookies/Pages/default.aspx).

# Checklist for all applicants

Tick each statement that is true.

I’ve read, understood and signed the [code of conduct for children and young people](#_Appendix_1:_code_1).

I’ve read, understood and signed the [parent/carer school travel agreement](#_Appendix_2:_parent/carer).

I’ve read, understood and signed the [privacy agreement for home to school transport](#_Privacy_notice:_home).

I’ve completed the application form.

I’ve included copies of the appropriate supporting documents and any other relevant medical evidence.

I’ve signed the application form.

I’ve included a stamped, self-addressed envelope for the return of my documents (where applicable).

**Completed applications should be sent by post or email to:**

Education Travel Assistance team

Planning and Admissions  
Luton Council  
Town Hall  
Luton  
Beds, LU1 2BQ

Email: [emmashadbolt@luton.gov.uk](mailto:emmashadbolt@luton.gov.uk)   
Phone: 01582 548227

[See the travel assistance pages on Luton.gov.uk for more information](https://m.luton.gov.uk/Page/Show/Education_and_learning/Pages/travel-assistance.aspx).

# For office use only

Application type: Click to enter text

Date received: Click to enter a date

School year of child: Choose an item

Nearest suitable school: Choose an item.

If not a suitable school, name of nearest suitable school: Click to enter text

Evidence of FSM seen? Choose an item.

Mileage: Click to enter text

Comments:

Click to enter text

Approved or declined: Choose an item.

Date received: Click to enter a date

Date processed: Click to enter a date

Amount: Click to enter text

How calculated: Click to enter text

Authorised by: Click to enter text