



# Transport Application

## Home to School Transport

### Free School Transport

To qualify for any travel assistance an application **must** be submitted for **each individual applicant**. The pupil must ordinarily be a resident in Shropshire, attending full-time at the nearest or the local authority's designated catchment primary or secondary school to the home address and living over 2 miles (primary age) or 3 miles (secondary age) from that school.

For full details of eligibility please go to;

[www.shropshire.gov.uk/school-transport/](http://www.shropshire.gov.uk/school-transport/)

or call **0345 678 9008**

#### Details of Parent/Guardian/Carer

MR./MRS./MISS./MS.

FORENAME AND OTHER INITIALS

SURNAME

FULL POSTAL ADDRESS

POSTCODE

EMAIL ADDRESS - Where one is provided, correspondence will be sent via email

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

DATE TRANSPORT  
REQUIRED FROM \*

/ /

Once you have completed all the details on this form please post to;

**Passenger Transport Commissioning Group,  
Shropshire Council, Shirehall, Abbey Foregate,  
Shrewsbury, Shropshire, SY2 6ND**

Alternatively, email this form to  
[schooltransport@shropshire.gov.uk](mailto:schooltransport@shropshire.gov.uk)

#### Details of Passenger

FORENAME AND OTHER INITIALS

SURNAME

Sex of pupil

M F

DATE OF BIRTH

/ /

SCHOOL TO BE ATTENDED

Tick if other  
siblings  
attend this  
school

Tick if this  
application is  
due to a change  
of address

#### Reason for applying

Pupil in full-time attendance at the nearest or catchment primary school and living 2 miles or more from school.

Pupil in full-time attendance at the nearest or catchment secondary school (not including sixth form) and living 3 miles or more from school.

Pupil in full-time attendance at the nearest or catchment primary or secondary school and reasons for applying shown overleaf.

Pupil has been excluded from their nearest or catchment primary or secondary school.

*If a pupil has a Statement of Special Educational Needs or an Education, Health and Care Plan (EHCP) you will be required to complete a separate form.  
Please call 01743 253049*

## Details of Transport Assistance Requested including exact pick up point (if known)

PICK UP POINT

BUS COMPANY/  
ROUTE NO.

## Income Assessed Home to School Transport

I wish to apply for transport to the named school which is one of the three nearest suitable schools within 2 to 6 miles from our address.

I am registered with the Authority/School as eligible for free school meals (we will check relevant records to confirm that this is the case).

I am receipt of the maximum level of Working Tax Credit and enclose a copy of my latest Tax Credit Award Notice (form TC602) or a letter from the Benefits Agency confirming current receipt of maximum Working Tax Credit - **If this is not enclosed your application may be refused.**

*Please note that transport assistance will only be provided for 12 months whilst you are in receipt of the qualifying benefits. A review of your child's eligibility will be made each year. Transport assistance cannot therefore be guaranteed for the entire period of the attendance at the school.*

## Other Reasons

*If you are applying for free school transport for reasons other than the distance criteria described in this document, or for income assessed home to school transport please give below your reasons why you think free school transport should be provided.*

*\* There is no set time for processing applications although, we aim for each application to take no more than 2 weeks to be processed. If your application is being made in the spring or summer term prior to your child starting school in September, it may take longer for your application to be processed, due to the volume of the applications being received during this time. Please note that parents/carers are responsible for all travel arrangements prior to receiving confirmation of entitlement to free school transport and the child/children must not begin travelling on school transport until such confirmation has been received.*

*By signing this document you agree that your child is attending full-time at this school and that if transport is granted it will be conditional on your son/daughter adhering to the terms and conditions mentioned within the 'Your Child's Safety' document. This can be found online at [www.shropshire.gov.uk/school-transport/](http://www.shropshire.gov.uk/school-transport/)*

*You also sign to consent for the purposes of the Data Protection Act 2018 that the enclosed information and any additional information is to be obtained and held by Shropshire Council. We understand this information shared is confidential and will only share this information with those that need to know. If you have any questions about data protection regarding this document please email [schooltransport@shropshire.gov.uk](mailto:schooltransport@shropshire.gov.uk)*

**Parent/Carer/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_