



# LEARNERS AND YOUNG PEOPLE SERVICE

## ASSISTANCE WITH TRAVELLING EXPENSES

# APPLICATION FOR ASSISTANCE WITH TRAVELLING EXPENSES ACADEMIC YEAR 2009/2010

Please complete form and return to:  
**Pupil Services Team**  
PO Box 70, Municipal Offices,  
Smith Street, Rochdale, OL16 1YD.  
Tel: (01706) 925089  
Email: joe.tennant@rochdale.gov.uk

*This form should be completed in BLOCK CAPITALS and returned to the address above for consideration*

### CHILD DETAILS

Name of Child: \_\_\_\_\_ M  F  (please tick)

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

### APPLICATION DETAILS

Name of School that Assistance is being claimed for: \_\_\_\_\_

Name of the Primary or previous School the child attended: \_\_\_\_\_

If you have an older child attending the same school, please provide details:

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Please tick any of the following that apply to your application:*

<i>Looked After Child - the child is looked after by a Local Authority</i>	
<i>Distance - the school attended is over the statutory walking distance of the child's home</i>	
<i>Religion - the child is attending a school based on his/her religious denomination</i>	
<i>Income - the child is in receipt of Free School Meals or you are receiving the maximum amount of Working Tax Credit</i>	
<i>Sibling - the child is attending a school as they have an elder brother/sister currently attending the same school</i>	
<i>Feeder Link - the child is attending a school and attended a Primary School which has a feeder link to the school</i>	
<i>Moved Into the Area - the child has recently moved into the Rochdale Borough and is in the last year of attendance at a Primary School or the last two years attendance at a Secondary School</i>	

**DENOMINATIONAL DETAILS** - if your child is attending a school on the basis of his/her religious affiliation, evidence must be provided with this application. Acceptable means of religious affiliation are:

- A letter from your Vicar, Minister or Priest that states the child has proven religious affiliation or is a regular church attendee.
- A copy of the application form submitted to the denominational school which shows religious affiliation.
- A copy of the child's baptismal certificate.

I have enclosed evidence of my child's religious affiliation with this application (please tick)

Yes

No

**INCOME DETAILS** - if your child is in receipt of Free School Meals or you are receiving the maximum level of Working Tax Credit and your child is attending one of the three nearest Secondary Schools to your home and the distance between home and school is between 2 and 6 miles or, if your child is in receipt of Free School Meals or you are receiving the maximum level of Working Tax Credit and your child is attending the nearest Denominational Secondary School to your home and the distance between home and school is between 2 and 15 miles you may be eligible for assistance with Travelling Expenses.

Evidence of eligibility must be provided with this application. Acceptable means of evidence are:

- A letter from the Revenues and Benefits Service stating the child is receiving Free School Meals.
- A copy of your tax credits award notice, ensuring you include part two - "How we work out your tax credits".

I have enclosed evidence of eligibility for Free School Meals or Working Tax Credit with this application (please tick)

Yes

No

#### PREVIOUS ADDRESS HISTORY

Have you previously been granted Assistance with Travelling Expenses and have now changed address?

Yes

No

Have you recently moved into the Rochdale Local Authority?

Yes

No

Have you recently moved within the Rochdale Local Authority?

Yes

No

If you have recently changed address, please state your previous address: \_\_\_\_\_

\_\_\_\_\_  
Post Code: \_\_\_\_\_

Date of Removal: \_\_\_\_\_ Is your new address Permanent  or Temporary

If Temporary, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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Age of Child: \_\_\_\_\_

NCY: \_\_\_\_\_

Distance to School: \_\_\_\_\_

Nearest Schools:

1. \_\_\_\_\_

Distance: \_\_\_\_\_

2. \_\_\_\_\_

Distance: \_\_\_\_\_

3. \_\_\_\_\_

Distance: \_\_\_\_\_

Sibling: \_\_\_\_\_

Checked: \_\_\_\_\_

Yes

No

Religion: \_\_\_\_\_

Evidence: \_\_\_\_\_

Yes

No

FSMWTC: \_\_\_\_\_

Evidence: \_\_\_\_\_

Yes

No

Other Priority:        Yes

No

Notes: \_\_\_\_\_

**APPROVE**

*Request Photo*

Pass Number: \_\_\_\_\_

Issue Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**DECLINE**

Reason: \_\_\_\_\_

Letter Sent: \_\_\_\_\_