



LEARNERS AND YOUNG PEOPLE SERVICE

ASSISTANCE WITH TRAVELLING EXPENSES

You must firmly attach a recent, passport-sized photograph of your child to this application form.

Please state the child's name and the name of the school attended on the reverse of the photograph.

Please enclose a Stamped-Addressed Envelope with this form and the bus pass will be returned directly to your home otherwise the pass will be sent to school for collection.

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

TRAVELLING EXPENSES: RENEWAL OF A BUS PASS

Academic Year 2009/2010

This form should be completed in BLOCK CAPITALS and returned to the address above.

CHILD'S DETAILS:

Name of Child: _____ M F (please tick)

Date of Birth: _____

Address: _____

_____ Post Code: _____

SCHOOL DETAILS:

Name of School Attended: _____

Does your child attend an alternate Education site as part of their studies? Yes No

If so, please state details below:

Name of Alternate Site: _____

Days and Times attended:

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

ANY FURTHER DETAILS:

FURTHER DETAILS:

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

Yes No (please tick)

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

Date of Removal: _____ Is your new address Permanent or Temporary? _____

If Temporary, please provide details: _____

PARENT OR CARER DECLARATION

Name of Parent/Carer: _____ Contact Telephone Number: _____

I confirm that my circumstances have not changed since I made the initial application for a grant of pupil's Travelling Expenses.

I wish to apply for a renewal of my child's bus pass for the next academic year and attach a passport sized photograph.

Signed: _____ Date: _____

DATA PROTECTION ACT 1998

The Council maintains a Register Entry in respect of Education which includes the administration of information relating to pupils. Personal information provided on this form is treated in confidence and complies with the obligations and principles set within the Act.

This information may be shared with other Local Authorities and with Greater Manchester Passenger Transport Authority. Verification of Information - the Council may verify information you have provided on this form which could involve contacting other departments of the Council who maintain appropriate records.

For Office Use Only

Age of Child: _____

NCY: _____

Change of School: Yes No

Change of Address: Yes No

New Address Distance: _____

APPROVE

Pass Number: _____

Issue Date: _____

Initials: _____

SAE Received: Yes No

DECLINE

Reason: _____

Letter Sent: _____