

## **APPLICATION FOR 16-19 BUS PASS** **SPRINGTERM 2016/17**



Return to: **Education Transport, Saltisford Office Park, Ansell Way, Warwick, CV34 4UL**

### **STUDENT DETAILS** (please complete all boxes)

<b>Child's Name:</b>	
<b>Date of Birth:</b>	<b>Gender:</b>
<b>Full Address:</b>	
<b>Postcode:</b>	
<b>Telephone No:</b>	<b>Email:</b>

**Destination School/College:**

**FULL DETAILS OF COURSES STUDIED** Year of study: 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> (delete as applicable)  
 FULL TIME course (450 guided learning hours per year)? YES/NO Number of days travelling per week \_\_\_\_\_  
**You must give full titles and qualification levels of all courses to be studied.**  
**TITLE (e.g. Pure Mathematics, Beauty Therapy)** **LEVEL (e.g. AS, NVQ 2)**

**Please tick the category that your child falls under:**

1. ☐ Those students who have purchased a bus pass on the same service in the previous academic term.
2. ☐ Warwickshire residents who have not previously travelled on the service, or who are asking for a different bus service to the one requested in the previous academic term.
3. ☐ Non-Warwickshire residents who have not previously travelled on the service, or who are asking for a different bus service to the one requested in the previous academic term.

**Please indicate your preferred bus route/service** (if known) \_\_\_\_\_  
 (A seat on any service or route is not guaranteed until you receive your pass. Your child may be allocated a seat on a different service where your preferred service is full, but you do not have to take up that seat.)

### **PAYMENT**

**Please tick the amount you will need to pay for your pass.**

- ☐ For those who pay the **full** rate £280 term  
☐ For those who pay the **reduced** rate £140 term

Cheques or postal orders should be made payable to **Warwickshire County Council**.  
**Please note that we no longer accept cash payments. Card payments must be made over the phone.**

### **FOR OFFICE USE ONLY**

AUTH BY: _____	DATE...../...../.....	TERMLY      REJECT
INPUT BY: _____	DATE...../...../.....	
RECEIPT NUMBER: _____	PAYMENT: _____	RECORD NO: _____

## **CONDITIONS OF TRAVEL & DECLARATION**

**Applications will not be considered unless both the parent and student have read and signed the following:**

It is the parents' responsibility to ensure that students reach the bus stop safely. At the bus stop students are asked to respect other people's property and not to misbehave.

In particular we ask that students

- \* Be at the bus stop at least 5 minutes before the pick-up time
- \* Have a valid pass (or money to pay) for every journey
- \* Treat fellow students, bus drivers, and members of the public with respect
- \* Act in a safe manner, which does not endanger themselves or other bus users

Once on the bus we ask that students:

- \* Do not distract the bus driver
- \* Do not lean out of the windows
- \* Do not use intimidating, inappropriate or aggressive language or behaviour towards other passengers or the driver, or act in any way that may cause danger to others
- \* Do not smoke or use electronic cigarettes, eat or drink
- \* Do not leave litter on the bus
- \* Stay seated for the whole journey wherever possible

These conditions of travel are to ensure that all passengers enjoy safe and problem free journeys to and from school or college. If students are seen to be misbehaving, they are likely to be subject to School/College disciplinary procedures, and may be prevented from travelling on the vehicle. If a student is excluded from bus travel for any period of time due to unacceptable behaviour, then the parents will be responsible for ensuring that students get to and from school/college during that exclusion period.

### **Student**

**I confirm that I have read the above conditions and agree to abide by them.**

Signed \_\_\_\_\_ (student)      Date \_\_\_\_\_

### **Parent/Guardian**

**I hereby apply for transport in accordance with Warwickshire County Council's regulations and certify that the information given on this form is correct to the best of my knowledge. My child has read the code of conduct and agrees to abide by it.**

Name of Parent / Guardian (*Mr / Mrs / Miss / Ms*) \_\_\_\_\_

Signed \_\_\_\_\_ (parent)      Date \_\_\_\_\_

***\*\*\*Any applications received after the deadline will be processed in category order and then prioritised in the order they are received into the office. We cannot guarantee that your pass will be processed by the start of the Spring Term, or if a seat will still be available on your preferred service if you apply late\*\*\****

**IMPORTANT INFORMATION:** If you are in receipt of a qualifying benefit and wish to apply for a reduced rate bus pass, you must now continue and complete the information on Page 3. If you have previously submitted information regarding your benefits this academic year you do not need to provide this again.

**\*You only need to complete this page of you are applying for a reduced rate pass\***

## **BENEFITS DECLARATION**

Students or families in receipt of a qualifying benefit are entitled to a reduced rate bus pass. Qualifying benefits are:

- Income Support
- Income Based Job Seekers Allowance (or equal based Income based & Contribution based JSA)
- The Guarantee Element of State Pension Credit
- Income related Employment & Support Allowance (or equal based Income based & Contribution based ESA)
- The Maximum Level of Working Tax Credit, Child Tax Credit (with an income not exceeding £16,190)
- Support under Part VI of the Immigration and Asylum Act 1999
- Universal Credit

Please indicate which of the above benefit/s you receive: \_\_\_\_\_

Name of Person Receiving Benefit: \_\_\_\_\_

**If this is your first application for a bus pass then you must send us proof of your entitlement to the above qualifying benefit. This must be dated within the last 6 months.**

Either; send a copy of your award notice, ask the Benefits Agency to stamp below, or bring your current Benefit Book to Education Transport, Saltisford Office Park, Ansell Way, Warwick, CV34 4UL.

**\*\*If we do not receive proof of your benefit, or we have not received any proof previously, then we may charge you the full rate for any bus pass we can allocate to your child\*\***

### **Please read and sign the following declaration**

*I am in receipt of one of the qualifying benefits listed above and will inform the Education Transport Department immediately should this benefit be stopped, or if my circumstances change (e.g.: if my address or the person receiving the benefit changes).*

*I understand that if I do not notify the Education Transport Department of any changes to entitlement, or give false information, then I will be asked to repay any transport costs incurred.*

Signed \_\_\_\_\_ (Claimant) Date \_\_\_\_\_

### **FOR BENEFITS AGENCY USE ONLY**

**Please indicate as applicable and place official stamp below:**

- ☐ The Benefits Agency confirms that the above named family is in receipt of one of the qualifying benefits listed above
- ☐ Proof of benefit supplied

Signed:

Dated:

**STAMP**

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