

Application for Travel Assistance for Children and Young People in School and Sixth Form/College



Admissions stamp only	 Please ensure that you have read and fully understood the 'Policy and guidance notes' before completing this application form. If you have any difficulties, please contact us.
Date received	 You should only complete this form if you are a resident of Tower Hamlets and you either:
	 have parental responsibility for the child you are applying for, or are a student already attending or due to start sixth form/college.
Staff initials	 You can apply online for travel assistance at: https://towerhamlets.theschoolfinder.online/ th_travel_assistance.html
	 Please use black ink and BLOCK CAPITALS and tick any boxes that apply.
Office use only: Year:	 Section A must be completed for all applicants. You should then complete either Section B or C, which ever is applicable.
ID:	 The completed form and any original documentation must be sent to The Admissions Service, Tower Hamlets Town Hall, 160 Whitechapel Road, London E1 1BJ.
	The office is also open Monday to Friday 9.00am-5.00pm.
	 If you need further advice or information, please contact us by email to school.admissions@towerhamlets.gov.uk or call 020 7364 5006.
	SECTION A
1. Applicant detail	ls
The term 'applicant' refers to completed for all applicants.	the child or young person for whom assistance is being requested. This section should be
	n has an Education, Health and Care Plan (EHC Plan), you should first contact the SEN email sen@towerhamlets.gov.uk to find out whether you are eligible for travel assistance.
Does the applicant attend:	
Primary school Secondar	y school Sixth form/college
First name:	
Last name:	
Date of birth:	Day Month Year Year group (where applicable)
Home address:	
	Postcode:
For children under 16, this sh	ould be the permanent address where they normally live with their legal guardian. If this is different

Name of child's current establishment:

When did you move to the above address?

sheet of paper.

Previous home address:

(school/sixth form/college)

from the parent or carer's address, please explain why. If parents share custody, please provide both addresses on a separate

Month

Day

Year

Postcode:

				Pupil	ID:			Year:			
Address of establishment: (if outside Tower Hamlets)	-					-		-			-
(ii outside lower i larillets)						-					
								Postcode	э:		
Is this the establishment for w	hich trave	l assistance	is being re	equeste	d?					Yes	No
If not, then please give the de	tails belov	v:									
Name of establishment: (school/sixth form/college)											
Address of establishment:											
(if outside Tower Hamlets)											
						П		Postcode	e:		
When is the applicant due to	start?	Day	Month	1	Yea	ır					
		,									
2 Why is traval as	ecictor	oo boin	a roai	ioeto	42	(place	oo tiak tha	oo whi	ob on	(برامر	
2. Why is travel as											
Please note that the child of date which has been confirmation.			st be regis	sterea	at tne	quaii	tying scno	oı, or na	ve an	expecte	ea start
Statutory walking distance	: child is u	nder the age	e of 8 and	attendir	ng a so	chool v	vhich is beyo	nd two n	niles or	r	
aged 8 or over and attending	a school v	which is bey	ond three	miles fro	om ho	me ad	dress.			Yes	No
Special educational needs , issues related to their special		-				-			nd safe	ety Yes	No
Unsafe route: the school is visafety because of the nature of		•	but child((ren) cai	nnot re	easona	bly be exped	cted to w	alk in	Yes	No
Extended rights: children en level of Working Tax Credit/Ur										Yes	No
Do you have any other children If Yes, please provide details.		uire travel as	sistance?							Yes	No
Full name:							DOB:				
Full name:							DOB:				
Full name:							DOB:				
Additional Information: If the school attended was chosen accompanying the child).		•					•			•	•

3. Supporting information

In order to help us process your application, please ensure that, where relevant, you provide as much of the following information as possible.

Reason	Explanation	Documentation required
Medical	Physical or mental health issues relating to the child/ young person or any other member of the family e.g. disability	Report from a hospital specialist or other professional
Social	Issues affecting the family such as domestic violence, involvement from social services, or if there are other children attending a different school and you are a single parent	Letter from a social worker or other professional, copy of Council Tax bill or tenancy agreement, birth certificate(s) or copy of award letter showing details of child/ren mentioned on application
Employment	One or both parents/carer are working or seeking work and must be available for training or interviews etc	Letter from employer confirming the nature of employment and days and hours worked, letter from Jobcentre Plus confirming training etc
Income	Currently in receipt of benefits such as income support or Job Seekers Allowance, entitled to Free School Meals, Universal Credit	Recent tax credits award notice or JSA letter
Housing	Currently living in temporary accommodation, arranged by Tower Hamlets either in or outside the borough.	Copy of tenancy agreement, a confirmation letter from the Lettings Team

4. Form of assistance

The local authority will decide on the form of travel assistance which is most suitable in line with the Children's Travel Assistance policy, the child's specific needs, family circumstances, availability and cost. The most common form of assistance is a travel pass for the parent/carer.

School transport is only provided in exceptional circumstances. If you are requesting the provision of school transport, you MUST provide supporting information to show why this is the most appropriate form of assistance.

Please state which form of assistance, if any, you would prefer:	
How does the child/young person currently travel to school/college?	
When should the travel assistance start? Day Month Y	/ear

Section B should be completed by parents/carers applying for travel assistance for children attending primary or secondary school.

Section C should be completed for students applying for travel assistance who are attending or will be attending sixth form/college.

i upii ib.	Pupil ID:	Year:
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SECTION B

This section is to be completed for children in primary or secondary school.

5. Parent's or carer's details

Parent/carer 1	Parent/carer 2
Title: Mr Mrs Ms Miss	Title: Mr Mrs Ms Miss
First name:	First name:
Last name:	Last name:
Relationship to the child: Mother Father	Relationship to the child: Mother Father
Step-parents Foster parents Social worker	Step-parents Foster parents Social worker
Other family member Other contact	Other family member Other contact
If 'other family member or other contact', please state which:	If 'other family member or other contact', please state which:
Address (if different to child's addresss)	Address (if different to child's addresss)
Address (in american to same states see)	, address (ii dinisishi ta shina s addresses)
Home tel:	Home tel:
Work tel:	Work tel:
Email:	Email:
Date of birth: Day Month Year	Date of birth: Day Month Year
National Insurance number	National Insurance number
6. School details	
Travel Assistance will normally only be considered when the loca school. This will apply in most cases even for children who have	

If you have not applied for your local schools, you must do so before completing this form.

Please confirm if your child is on the waiting list for three of your local schools?

Please contact Pupil Services for further information.

Now please complete Part 10 - Declaration and Signature

Yes

No

SECTION C					
To be completed for applicants currently attending or due to start at a sixth form or college.					
7. Course details					
What is the full title of your course?					
Is it a full or part time course? Full time Part time					
Subject and qualification to be gained from the course					
When will the course start? Day Month Year					
When will the course finish? Day Month Year					
Email address:					
8. Other sources of funding					
You must tell us about any other sources of funding you have.					
Have you applied elsewhere for a grant?	Yes	No			
Please tick those which apply:					
Tower Hamlets & Canary Wharf Education Trust	Yes	No			
Sir John Cass's Foundation Grant	Yes	No			
Tower Hamlets Educational Maintenance Allowance (THEMA)	Yes	No			
School/College Hardship Fund	Yes	No			
16-19 Bursary (Learner Support)	Yes	No			
Other (please specify)					
9. Parental income					
You must provide details of the income of both parents, where applicable. Please refer to the guida documentation required.	ance for the type of				
What are the sources of parental income? (Please tick those which apply)					
Employment	Yes	No			
DWP Benefits - (Job Seekers Allowance and low income benefits, Carers and disability benefits an Tax Credits and Universal Credit)	id/or Yes	No			
Income from Company or Private Pension	Yes	No			
Other (please specify and provide supporting documentation)					

Pupil ID:

Year:

	Pupil ID:	Ye	ear:
10. Declaration and signature			
Please read and sign the declaration below.			
Please note that if the applicant is under 18 years of age for the child or young person named on this form.	, it must be signed by the p	parent or carer w	ho has parental responsibility
 I have read and understood the conditions under which notes provided. 	h Tower Hamlets provides t	ravel assistance	as set out in the guidance
 I consent to the information provided in this form being that the information may be verified with other sources 		processing this a	application and understand
• I declare that the information I have given is complete a	and accurate to the best of	my knowledge a	and belief.
• I agree to supply any further information you may ask f	or in respect of this applica	ition.	
 I am aware that I am responsible for informing the courapplication. 	ncil immediately of any cha	nge of circumsta	ances that might affect this
 I understand that if I provide false information or do not assistance withdrawn. I may also be obliged to pay ba 	·		
Signature			
Date			
The information you have provided on this form will be he General Data Protection Regulation. We have a duty to p detect fraud. Your information may be shared with other of your form and prevention and detection of fraud. Your informatilement to travel assistance ceases. You may withdraw mean the withdrawal of your application for travel assistance Authority. You also have a right to complain, object to or see the Council's website for further details on contacting	protect public funds and maccouncil and government deformation will be kept by the wyour consent for the produce, at any time by contact access the information that g the Complaints and Information	epartments for the Local Authority cessing of your in ting the Pupil Se is held and production Team.	e purposes of processing for 7 years after your aftermation, which will also rvices Team within the Local
Important information – checklist f			
Before returning this form, please make sure you have do	one the following:		
• Filled in all the relevant sections on this form.	da a contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata de la contrata del contrata de la contrata del contrata de la contrata del contrata de la contrata de la contrata del contrata del contrata del contrata de la contrata de la contrata de la contrata del contrata del contrata		L.L.
 Enclosed a copy of your current Council Tax bill as evid 	•		
 If necessary, enclosed any supporting evidence (for ex claim). 	ample, a letter of diagnosis	s irom a specialis	st to support any medical
• Enclosed a stamped, self-addressed envelope (SAE) s	so that we can provide a red	ceipt for your app	plication.
Receipt and acknowledgement			
We will let you know we have received this form only if yo form to:	ou fill in the applicant's deta	ils below and se	end us a SAE or take your
The Admissions Service, Tower Hamlets Town Hall 160 Whitechapel Road, London E1 1BJ			
If you do not hear from us within 14 days of handing in or it is likely that we did not receive it.	r posting us your form,		
First name:			Admissions or LBTH