Application for Secondary School Travel Assistance: Academic Year 2023/2024



Please read the following information and guidance before you complete this form.

You may be entitled to receive travel assistance from Sandwell Council if you are a resident in Sandwell and your child is:

- in Year 7 to Year 11 during the 2023-2024 academic year;
- travelling more than 3 miles from home to school by the shortest pedestrian route;
- attending the nearest appropriate qualifying school with places available.

In addition, the Education and Inspections Act 2006 has given additional entitlement to low income families, and you may be eligible if the pupil is:

- in receipt of free school meals or the family is currently claiming maximum Working Tax Credit;
 and
- living between 2 and 6 miles from school (15 miles in the case of the **nearest** denominational school);
 and
- attending one of the nearest three schools or the nearest denominational school with places available (not necessarily within the borough of Sandwell.

Change of address

Assistance will only be provided if **ALL** the following criteria are met:

- your child is in Year 10 or Year 11 at the time of change of address;
- transfer to a school closer to home is impractical because of syllabus requirements;
- the distance between home and school by the shortest pedestrian route is 3 miles or greater.

Please ensure that all relevant sections are completed in full and that all documentation is attached securely to the application form. (Photocopies will be accepted, please do not provide original documents.)

Failure to supply correct documentation will delay your application.

- Sections A, B, C, D and E must be completed by the parent/legal guardian
- Section F must be completed and stamped by a suitable officer

Section A: Pupil's and parent/legal guardian's details (Please complete in ink and CARITAL LETTERS using your child's legal names)															
(Please complete in ink and CAPITAL LETTERS using your child's legal names)															
First name of pupil	Surname of pupil														
Male or Female		DOB	D	D	M	Υ	Υ	Αģ	ge a	t 1.9	.23				
Name, address and postcode of school	I														
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Year of study		Date of	adm	issior	n to this	scho	ool	D	D	M	M	Υ	Υ		
lf attending Oldbury Academy or Woo sporting aptitude, please provide a co		-				_	_	ante	d a p	olac	e ba	sed	on		
If the pupil has recently changed schoo	ols, provide	the prev	ious	scho	ol's naı	me, a	ddre	ess a	and i	oosto	code				

Reason for leaving

D

Date left

D

M

M

Deta	Details of parent/legal guardian																							
Title Surname																								
First	Name																D	ОВ	D	D	M	M	Υ	Υ
Rela	tionshi	p to	chilo	l																				
(Mother/Father/Legal Guardian etc.)																								
Address and postcode																								
									Co	ntac	t Ph	one	No.											
Email address																								
If you have changed your home address since your child was admitted to the school and he/she is currently																								
studying in Year 10 or Year 11, please provide your previous address.																								
Prev	ious a	ddres	ss ar	nd p	ostc	ode																		
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Pleas	Please provide written evidence to confirm the date of your move. A rent agreement or confirmation of																							
your r	your move from the solicitor will be acceptable.																							
✓ as appropriate)										
Is the child in Section A in the care of the local authority? If yes, this child will already be funded for Home to School Transport through the																								
local	author	ity's	payn	nent	paid	to th	ne ca	arer,	so a	dditi	ona	l sup	port \				IE							
	local authority's payment paid to the carer, so additional support will not be considered. For further information contact your support worker.																							
	Has the child been permanently excluded or undergone a managed transfer? Yes No																							
If yes	s, pleas	e ind	dicate	e as	аррі	opria	ate "	exclu	ıded	" or	"ma	nage	d"				E	xclu	ded		М	ana	ged	
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Acce	ess Pai	nel?																						
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If yes	s, comp	lete	Sect	ion E	3 in f	ull a	nd in	clud	e the	e do	cum	entai	ry evi	iden	ce re	quire	ed							
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Nam	e of cu	ırren	t par	ish																				

IL1: PROTECT [when complete]

OR														
I confirm that my child belongs to a practising Christian family and attends church on a regular basis. I have enclosed a letter of support from our priest/minister/religious leader .														
Name of Christian denomination														
Name of regular place of worship														
OR														
I confirm that my child is a worshipping member of theFaith. I have attached a letter of support from our religious leader .														
Name of regular place of worship														
Name of religious leader														
Section C: Additional entitlement														
The Education and Inspections Act 2006 has given additional entitlement to low income families to receive travel assistance for children aged 8, but under 11, who are travelling over two miles from their home to their nearest qualifying school.														
Low income families are defined as being in receipt of free school meals, or whose family are currently entitled to receive the maximum level of Working Tax Credit.														
Are you entitled to receive free school meals? Yes No														
National Insurance Number or NASS Ref Number of Parent/Guardian/Claimant – this MUST be provided														
Is the family currently entitled to receive the maximum level of Working Tax $$_{\mbox{\sc Yes}}$$ $N_{\mbox{\sc O}}$ Credit?														
To confirm your entitlement to Maximum Working Tax Credit please provide a full copy of all pages of you current Tax Credit Awards Notice (TC602).														
Note: Low income entitlement will be reviewed annually and transport may be withdrawn if you are no longe eligible.														
NOW COMPLETE YOUR CONSENT AND SIGN THE DECLARATION BELOW PLEASE														
Section D: Your Consent														
I agree that you will use the information I have provided to process my claim for Scholars' Travel Assistance to verify my initial, and ongoing, entitlement; and that you may contact other sources, such as the Department for Education (DfE) as allowed to confirm this.														
Please note that where successful, your details will be passed to the applicable school.														
If you do not consent to the above, we cannot proceed with your assessment, so please ensure that you have thoroughly read the paragraph and ticked the box before submitting this form.														
The Data Controller for the information held about you for this purpose is Sandwell Metropolitan Borough Council, Sandwell Council House, Freeth Street, Oldbury B69 3DB. Phone 0121 569 2200.														

The information on this form, where you have given us consent to use, will ONLY be used for that purpose and for no other. Where you have not provided us with consent, the information will not be used by the council.

The Data Protection Officer can be contacted at the above address and through email at

DP_Officer@sandwell.gov.uk

The information provided under consent will only be used and shared for the purposes outlined on this form. However, when a legal duty is placed upon the council then the council will consider the sharing of your information in accordance with that duty (e.g. police etc.).

At any point, you have the right to withdraw your consent by contacting the office below.

For further information in relation to how the council will use your personal information, including how long it will be retained for, please see the council's full privacy notice at www.sandwell.gov.uk

Section E: Your Declaration

The information I have given on this form is complete and accurate. I understand that my personal information is held securely and will be used only for local authority purposes. I agree to the local authority

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Signature of parent/guardian:														Date:											
In accordance with our service standards, eligible claims will be processed within ten working days from receipt of completed application forms. However, if you require further information or assistance, please contact the Education Benefits Team on 0121 569 8331.																									
Loss of travel pass and insurance:																									
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Section F	: 1	Го b	e cc	mp	lete	d by	/ the	е Не	ead	Tea	che	r													
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Signed:										_ (/	Head	d Tea	ache	er)		D	ate	e:							
Name																									
School nar	ne																								
Full school	pos	tal a	ddre	ss a	nd p	ostco	ode												Offi	cial	star	np			
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Contact Ph	one I	No.																							
Please retur	n yo	ur co	ompl	eted	form	n to:	Saı	ndw Bo		letro 230	efits a	an B		•		ncil									

Sandwell Council House

Freeth Street Oldbury B69 9EX

Or secure email to: education_benefits@sandwell.gov.uk