Application for Primary School Travel Assistance: Academic Year 2026/2027

Sandwell Metropolitan Borough Council

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:

- of compulsory school age, but under the age of 8 and travelling over 2 miles from home to the nearest qualifying school; or
- aged 8, but under age 11, and travelling over 3 miles from home to the nearest qualifying school; or
- aged 8, but under age 11, and eligible to receive free school meals, or whose family are currently **in receipt of Universal Credit (with a monthly net earned income below £616)** and travelling over 2 miles from home to the nearest qualifying school.

Note: renewal applicants do not need to complete an application form unless circumstances have changed, i.e. change of name, address etc.

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 by the Head Teacher and stamped by a suitable officer**

Section A: Pupil and Parent/Legal Guardian details
All sections MUST be completed in CAPITAL LETTERS in BLACK ink

First name of pupil **Surname of pupil**

Male ☐ Female ☐ Non-binary ☐ Date of Birth D D M M Y Y Age at 1.9.26

Name, address and postcode of school

Year of study Date of admission to this school D D M M Y Y

If the pupil has recently changed schools, provide the previous school's name, address and postcode

Date left D D M M Y Y Reason for leaving

Details of Parent or Legal Guardian
All sections (except your email address) MUST be completed in CAPITAL LETTERS in BLACK ink

Title Surname

First Name DOB D D M M Y Y

Relationship to child
(Mother/Father/Legal Guardian etc.)

National Insurance Number or **NASS Ref Number** of Parent/Guardian/Claimant – **this MUST be provided**

Address and postcode

Contact Phone No.

Email address

Please note: If this is a temporary address, please also provide a copy of your License Agreement.

	Please Tick ✓	
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 authority's payment paid to the carer, so additional support will not be considered. For further information contact your support worker.	Yes ☐	No ☐
Has the child been permanently excluded or undergone a managed transfer?	Yes ☐	No ☐
If yes, please indicate as appropriate "excluded" or "managed"	Excluded ☐	Managed ☐
Is this the nearest suitable school?	Yes ☐	No ☐
Has your child been placed at this school by the Hard to Place Panel or Fair Access Panel?	Yes ☐	No ☐
Is your child attending the school to fulfil religious beliefs? If yes, complete Section B in full and include the documentary evidence required	Yes ☐	No ☐

Section B: **Denominational/Faith Schools:** the religious background of your child

I confirm that my child is a baptised Roman Catholic and I have attached a copy of the Certificate of Baptism.

Name of parish where baptism took place

Name of current parish

OR

I confirm that my child has been **formally received** into the Roman Catholic Church and I enclose a copy of the **Certificate of Reception**.

Name of parish where baptism took place

Name of current parish

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 the _____ Faith.
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 eligible to receive benefit-related free school meals as the family is in receipt of one of the following benefits;

Please Tick ✓

Universal Credit Yes ☐ No ☐

If you are in receipt of Universal Credit, please indicate if your net earned income is below £616 per month under the Universal Credit allowance, you receive? Yes ☐ No ☐

You can find this towards the end of the statement), where it says, "What we take off (deductions)", it will say, the total take-home pay for (your name(s) this period is £....

Support under Part VI of the Immigration and Asylum Act 1999 Only ☐

Pension Credit – Guaranteed Element Only ☐

Note: Low-income entitlement will be reviewed annually, and transport may be withdrawn if you are no longer eligible.

NOW COMPLETE YOUR CONSENT AND SIGN THE DECLARATION OVERLEAF

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 were 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 Data Protection Officer can be contacted at the above address and through email at DP_Officer@sandwell.gov.uk

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 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 using this information to process my application for Scholars' Travel Assistance. I understand that if my child is granted travel assistance and leaves their current school or changes address within this time, I should advise the local authority immediately. I also understand that failure to do so will result in me being charged for the financial loss incurred by the local authority.

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 Swift card and insurance: under no circumstances will the local authority finance the cost of a replacement pass. It is the responsibility of your child to ensure the safety of the Swift card and we recommend that you arrange insurance cover with the relevant travel provider, if required.

Section F: To be completed by the Head Teacher

I can confirm that _____ is in *full-time/will be in full-time [*delete if not applicable] attendance by the admission date shown in Section A, and that all the pupil's details are correct

Signed: _____ *(Head Teacher)* Date: _____

Name

School name

Full school postal address and postcode

Contact Phone No.

Official stamp

Please return your completed form to:

Education Benefits and Transport
Sandwell Council
PO Box 16230
Sandwell Council House
Freeth Street
Oldbury B69 9EX

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