
# APPLICATION FOR TRANSPORT – LOW INCOME FAMILIES

**POST-16 STUDENTS (SCHOOL OR COLLEGE**) - 2021/2022 ACADEMIC YEAR

Post-16 students from ‘low income’ families can apply for free discretionary transport through the Student Support Fund if they fulfil the eligibility criteria and their parents/carers can provide evidence that they are in receipt of one of the benefits (as listed on the Post-16 Transport Low Income Families Criteria sheet). Evidence should be relevant to the current financial year, 2021/2022. If you consider yourself eligible for free transport on ‘low income’ grounds and have been offered a place on a full time course (a minimum of 17 hours per week attendance) please complete the details below as appropriate. Before doing so you are advised to read the Post-16 Transport Policy Statement 2020/2021 which can be downloaded from the website (contact details are at the bottom of this form) or requested by contacting us on 01228 226428 or 01228 226427.

DETAILS OF STUDENT

SURNAME DATE OF BIRTH

FORENAME(S)

HOME ADDRESS

POST CODE TEL NO

E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF SIXTH FORM OR COLLEGE to be attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE TITLE/SUBJECTS TAKEN;\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_

If this is not your nearest or catchment school are you attending due to subject choice? Yes/No

Full Time (17 hours or more per week) 🞎

Part Time (less than 17 hours per week) 🞎

DATE FROM WHICH TRANSPORT IS REQUIRED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please note: Completed application forms must be received by 31 May to ensure transport is in place (where applicable) by the start of the academic year).

ARE YOU ELIGIBLE FOR FREE SCHOOL MEALS YES 🞎

OR, LOW INCOME EVIDENCE ENCLOSED (photocopies only) YES 🞎

SIGNATURE OF PARENT/CARER DATE

PLEASE PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to: Commissioning, Procurement & Contract Management Team, Cumbria House, 117 Botchergate, Carlisle, CA1 1RD

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| FOR OFFICE USE ONLY |
| CatchmentSchool | Nearest College | Assessment Outcome | Date for Reassessment | Reason | Route Number(s) | Other |
|  |  |  |  |  |  |  |
| ASSESSED BY: | DATE: |