

**APPLICATION FOR ASSISTANCE WITH TRAVEL COSTS  
(Age 5 -18)**

Office use only:

New application

Ref No:

**Section A**

Child forename:

Child surname:

Date of birth:

Gender:     **MALE**     /     **FEMALE**

Childs home address:

Tel. No:

Year group:

Class/Form:

Name and full address of school:

Do you have any brother(s)/sister(s) at this school? If yes, please provide the following:

Name:

Age:

Name:

Age:

**Section B**

**Reasons for application**

Please tick appropriate box:

- Due to start/recently started Reception or Year 7
- Change of address
- Change of school
- Other (see below)

Please use the space below to tell us about other information that might support your application, including reason based on religion or belief for attending the school. (Please refer to the full policy for guidance on eligibility).

## Section C

Date of starting school

Checks will be made with the school throughout the year that your child is on roll and attending. If you are due to start reception or Year 7, this check will be made at the start of the autumn term.

Is your child entitled to Free School Meals?

Yes

No

Do you receive the maximum level of Working Tax Credit?

Yes\*

No

\* You will need to provide HM revenue and Customs documents with your application

## Section D

Details of your bus/underground/train journey

Boarding station:

Zone:

Exchange station (if any):

Zone:

End station:

Zone:

## Section E

*Declaration:*

**To be completed by the parent or legal guardian:**

I undertake to return to 'School Admissions Section' any excess payment of travel grant immediately if the pupil leaves school or moves to another address. I shall pay the **London Borough of Hammersmith & Fulham** the amount equal to the proportionate cost of the travel grant from the date of transferring school or moving home to the last day of the Summer term.

Please note that if you change address you will have to notify us immediately. If you fail to follow this undertaking or give any incorrect information, entitlement for travel assistance may be affected.

The London Borough of Hammersmith & Fulham is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.

Signed:

Please print name:

Title (Mr/Mrs/Ms.):

Date:

Relationship to child:

**Please return the completed form to:**

London Borough of Hammersmith and Fulham  
School Admissions Section  
3<sup>rd</sup> Floor 145-155 King Street  
London  
W6 9XY