



# COUNCIL OF THE ISLES OF SCILLY

## HOME TO SCHOOL TRAVEL ALLOWANCE APPLICATION FORM

Please complete this form and return it to the address shown above. Please note, if the form is not fully completed it will be returned to you and this may delay your application.

Please fill in using block capitals.

Name of child to who the application refers: \_\_\_\_\_

Date of birth of child: \_\_\_\_\_

Name & site of school being attended: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of parent or guardian/ carer: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Does your child have any siblings at school? If so what are their names and dates of birth?

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates you wish to apply for the travel allowance: \_\_\_\_\_

Signature of Parent/carer requesting travel allowance: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed form to Children's Services, Town Hall, St. Mary's, TR21 0NS.*

**Data Protection Act:** The information which you provide on this form will be held by the Council of the Isles of Scilly and will be used for the purpose of assessing eligibility related to the home to school travel allowance. Where appropriate, the information may also be used by the Council for the purposes of providing other services. This information will be held securely and will not be disclosed to anyone other than those stated above, without your permission.

For Council use only:

Is the pupil eligible? Yes  No

Date eligible from: \_\_\_\_\_

Review date: \_\_\_\_\_

Application reviewed by: \_\_\_\_\_