

## SEFTON COUNCIL TRAVEL PASS APPLICATION FORM

The full Home to School Transport Policy is available on the Sefton website:  
[www.sefton.gov.uk/schooltransport](http://www.sefton.gov.uk/schooltransport) (paper copies of the policy are also available on request).

The Council provides Home to School Travel Support for eligible children. If you wish to apply for this please complete and return the attached application form.

### ELIGIBILITY CRITERIA

#### Eligibility based on Statutory Walking Distances

Sefton will provide free travel support for all pupils of compulsory school age (5-16) if their **nearest suitable (qualifying) school\*** is:

beyond 2 miles (if below the age of 8); or  
beyond 3 miles (if aged between 8 and 16)

**Distance to the nearest qualifying school for statutory walking distances will be measured as the shortest walking route from the pupil's home to the nearest school gate**, using the Local Authority's computerised measuring system.

#### Eligibility based on Extended Rights

Sefton will provide free travel support for all pupils who are entitled to free school meals or their parents are in receipt of maximum Working Tax Credit if the distance to the **nearest suitable (qualifying) school\*** is:

beyond 2 miles (for primary aged children over the age of 8 and under 11);

between 2 and 6 miles (for secondary aged children aged 11-16 ) if the school is one of the three closest suitable schools;

between 2 and 15 miles for secondary aged children (aged 11-16) if it is the nearest school preferred on the grounds of religion or belief

**\*Qualifying schools are:** All Community, Foundation, Voluntary Aided and Voluntary Controlled schools, Academies, Free schools and Pupil Referral Units.

**Please return the application form to:**

**Travel Support Team**  
Ainsdale Hope Centre,  
Sandringham Road,  
Ainsdale,  
PR8 2PJ

**Travel.Support@sefton.gov.uk**  
**0151 934 3399**



# SEFTON SCHOOL TRAVEL PASS APPLICATION FORM

Please ensure that you have read and understood the Home to School Transport Policy and the attached notes and regulations before completing this form

## 1. Pupil Details

Pupil's First name(s)

Pupil's Surname/Last Name

Pupil's Date of Birth

Home Address

  
  
  

Pupil's age at start of academic year

Year Group in September

If you have moved house in the last 12 months, please state your previous address below and enclose evidence of your current address ie current Council Tax bill.

Previous Address

Date of House Move

## 2. Looked After Children

Is the child Looked after by a Local Authority or has the child been previously Looked after ?

Yes  No

Local authority: \_\_\_\_\_

Social Worker contact details:

## 3. School Details

Name and address of school attending

Name and address of previous school attended  
(if different from above)

## 4. Parent/Carers Details

Relationship to child (please tick)

Mother  Father  Step Parent  Foster Parent  Social Worker  Other \_\_\_\_\_

Title

First Name

Surname

Phone

Email



## 5. Travel Details

Bus

Train

Both

Please give full details of the route to be used, ie bus stop/train station:

## 6. Extended Eligibility

Are you entitled to receive Free School Meals for your child? Yes  No

Are you in receipt of the maximum level of Working Tax Credit? Yes  No

Please provide your FULL Inland Revenue Award Notice to determine this.

Are you in receipt Universal Credit? Yes  No

Does your child have an EHCP Education Health Care Plan? Yes  No

Does your child have additional Special Educational Needs? Yes  No

If yes please specify \_\_\_\_\_

Please tick if you attend your school on the grounds of religion or faith? Yes  No

## 7. GDPR (General Data Protection Regulation)

**What data we collect and how we use the information provided on the form.**

Sefton Council only collects personal information within the travel support application form that is required for us to process your application and establish eligibility for travel support and provide a suitable offer. All personal information provided on this form is treated in strict confidence in accordance with the requirements of GDPR. This information may be shared with other Local Authorities and commissioned transport staff if they are providing the service on our behalf. The application form will be held for 2 years and then destroyed securely.

## 8. Declaration and Signature of Parent/Carer

I declare that the information I have given on this application form is correct and that I have read the full Sefton Home to School Travel Support Policy. I understand that this application will be assessed on my child's individual needs stated above.

Signature of Parent/Carer

Date

Full Name

**Office Use Only:** LOGGED IN BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ASSESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

STUD ID: \_\_\_\_\_ ER CHECKED BY: \_\_\_\_\_ ER OK: YES  NO  DISTANCE \_\_\_\_\_

FSM  WTC  UNI CRD

ELIGIBLE YES  NO

TICKET TYPE SOLO  TRIO  ARRIVA

TICKET ZONE (if required) \_\_\_\_\_

TICKET NUMBER \_\_\_\_\_

DATE STAMP

