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**POST 16 TRANSPORT ASSISTANCE CLAIM FORM**

Please complete the form in BLOCK CAPITALS and in black ink. All sections of the form must be completed.

In completing this claim form, it is understood that any payment will be made at the school's discretion and that claims will only be accepted for students who live over 3 miles from school and who are resident in one of the eligible categories.

Category	Cost of Pass Purchased	Subsidy Assistance Available
<b>Lives within 1 Zone</b>	£430	NIL
<b>Lives within 2 Zones</b>	£530	£100 (to bring cost down to £430)
<b>Lives within 3 Zones</b>	£660	£230 (to bring the cost down to £430)
<b>Students who live over 3 miles and not on a bus route (two options)</b>	1) NCC will provide free 'feeder' transport to a bus route and then the student purchases an annual travel pass as above to take them to school. Please see applicable zone rate above.  2) NCC will provide all transport to school at a cost of £600 - the school will subsidise £170 to bring the cost down to £430*.	

**Please note that the school will only subsidise to the level of the required pass for students getting to and from school.**

Please attach the following documents to this claim form:

- a photocopy or an original receipt/proof of purchase
- a photocopy of the bus pass, showing the student name and zones

**STUDENT INFORMATION**

<b>Full name of Student:</b>	
<b>Tutor Group:</b>	
<b>Home Address:</b>	
<b>Home Contact Tel No:</b>	

## PARENT/CARER/ CLAIMANT DETAILS

Claim:	Please state which zone/s you are claiming subsidy for:
Full cost of pass:	£
Amount of subsidy claimed	£
Full Name of Claimant:	
Address:	
Contact Tel No:	
Name of Bank or Building Society:	
Name of Account Holder:	
Sort Code:	
Account Number:	

Please note: Payments will be made in 2 instalments. The first instalment will be actioned at the end of October and the second instalment at the end of May.

**DECLARATION:** I certify that the information I have provided is correct to the best of my knowledge. I have enclosed proof of purchase and a copy of the bus pass as requested.

**Signature of Parent(s), Carer(s) or Guardian(s)**..... **Date**.....

**Signature of Student**..... **Date**.....

OFFICE USE ONLY		
Approved Claim Requests	Amount of Subsidy Awarded:	Approval Signature: M. Simpson Head of School
Rejected	Reason for Rejection:	Rejection Signature: M Simpson: Head of School