

# Home to School Transport

St John's Concessionary Seats



## Application Form 2016-17

Pupil's First Name:		Pupil's Surname:	
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Date of Birth:	2016-17 Year Group:
Home Address:			
.....			
.....			
			Postcode:
School Attending: St John's			

<b>Please choose your preferred bus routes</b>	
First preference: Contract _____	Second preference: Contract _____
Details of routes can be found at <a href="http://www.durham.gov.uk/concessionaryspareseats">www.durham.gov.uk/concessionaryspareseats</a> . If you are not certain which route to choose, we will select an appropriate one.	
Please attach details if the pupil is not travelling from their home address.	

<b>Name for invoice (this person must be over 18 years old)</b>		
Title:	First Name:	Surname:
Home Address: (leave blank if same as above)		
.....		
.....		
		Postcode:
Telephone:	Email:	
Relationship to pupil:		

<b>Direct Debits</b> (not yet available)
We are currently looking into the possibility of introducing Direct Debit payments in future. If you would be interested in paying in this way, please indicate this here. <input type="checkbox"/>
If we do introduce this option, we will write to you at a later date with more information.

<b>Please sign below if you accept the conditions</b>		
I wish to apply for a St John's Concessionary Seat on school transport. I agree to be invoiced for the cost of the St John's Concessionary Seat for the pupil above. I have read and accept the conditions of the scheme in the separate 'Guide for Parents' document.		
Signed: _____	Print Name: _____	Date: _____

Please complete in BLOCK CAPITALS and return to:  
**Cynthia Swindells, St John's School, Woodhouse Lane, Bishop Auckland DL14 6JT**

# St John's travel subsidy 2016–17

Pupil name(s) \_\_\_\_\_

## Level of Subsidy

St John's will subsidise your transport costs regardless of your circumstances. Please indicate which level of St John's subsidy best fits your circumstances.

<b>A</b>	Joint family income of less than £24,000 (equivalent to £1.25 per day)	<b>E</b>	Second child (equivalent to £1.75)
<b>B</b>	Joint family income between £24,000 and £30,000 (equivalent to £1.75 per day)	<b>F</b>	Third child (equivalent to £1.25)
<b>C</b>	Joint family income between £30,000 and £35,000 (equivalent to £2.25 per day)		
<b>D</b>	Joint family income above £35,000 (equivalent to £2.70 per day)		

## Evidence of eligibility for Level A, B, C or D Subsidy

Please include an original copy of the Inland Revenue **Tax Credit Award Notice for April 2016 to April 2017** with your application. A copy of this will be made for our records and the original will be returned to you. All documentation will be kept in the strictest of confidence.

If you are unable to provide this evidence then please contact **Cynthia Swindells** at **St John's**.

### Adult Declaration

I declare that all the information given in support of this application is correct and complete to the best of my knowledge and belief.

I share responsibility for the information given.

I understand that the information given may be shared with other organisations, as allowed by law, for the purposes of checking this application and/or the prevention of fraud.

Signed \_\_\_\_\_

Date \_\_\_\_\_