



# Application for Free School Transport

Please read the attached TRAVELCODE carefully before completing this application.

Write clearly in **BLOCK CAPITALS** using blue or black ink.

DELAYS IN RETURNING THIS FORM OR INCOMPLETE FORMS COULD RESULT IN A DELAY IN TRANSPORT BEING PROVIDED.

## Pupil details (As registered with Education Department)

Surname: ..... Forename(s): .....

Address: .....

..... Post Code: ..... Male  Female  Date of Birth: .....

## Any medical conditions

Wheelchair user? Yes  No

## Contact details

Parent/Guardian: .....

Alternative contact: .....

Tel Home: ..... Tel Work: .....

Tel Home: ..... Tel Work: .....

Mobile: .....

Mobile: .....

Email: .....

Email: .....

Previous School attended: .....

School to which transport is required: .....

## Reason for application

Please tick and complete **ONE** of the following:

New starter, not yet attending school - please enter date of first attendance: .....

Change of name or address - please enter previous name or address and date of change: .....

Current travel pass lost, stolen or damaged. Please enclose cheque or postal order for £5 or for a season ticket - £10.

## Agreement

I have read the attached Travelcode and understand that unacceptable behaviour may result in the withdrawal of entitlement to transport. NB - Primary pupils need not sign

Pupil Signature: ..... Date: .....

I certify that the information given is correct. I have read the attached Travelcode and understand that unacceptable behaviour by my child may result in the withdrawal of their entitlement to transport. The full version of The Code of Conduct will be sent with the bus pass for mainstream pupils and the confirmation letter for ALN pupils. I agree that information contained in this form may be passed to the transport operator. I accept that the vehicle that my child will travel on may have a CCTV system in operation and that any footage recorded may be viewed and used as evidence. Seatbelts must be worn at all times to ensure the safety of pupils whilst travelling.

Parent/Guardian Signature: ..... Date: .....

Please return the completed form to: Passenger Transport, Neath Port Talbot Council, Brunel Way, Baglan Energy Park, Neath, SA11 2GG

### OFFICE USE ONLY:

DATE RECEIVED:..... PASS NUMBER:..... ROUTE NO: ..... ISSUED BY: .....



**Darllenwch y Côd Teithio atodedig yn ofalus cyn cwblhau'r cais hwn.**

**Ysgrifennwch yn glir mewn PRIFLYTHRENNAU gan ddefnyddio inc glas neu ddu.**

GALLAI OEDI WRTH DDYCHWELYD Y FFURFLEN HON NEU FFURFLENNI ANGHYFLAWN OLYGU Y BYDD OEDI WRTH DDARPARU CLUDIANT.

## Manylion Disgyblion *(Fel y maent wedi'u cofrestru gyda'r adran addysg)*

Cyfenw: ..... Enw(au) Cyntaf: .....

Cyfeiriad: .....

..... Cod Post: ..... Bachgen  Merch  Dyddiad Geni: .....

## Unrhyw gyflyrau meddygol

A ydych chi'n defnyddio cadair olwyn? Ydw  Nac ydw

## Manylion Cyswllt

Rhiant/Gwarcheidwad: .....

(Cyswllt arall): .....

Rhif ffôn Cartref: ..... Gwaith: .....

Rhif ffôn Cartref: ..... Gwaith: .....

Ffôn symudol: .....

Ffôn symudol: .....

E-bost: .....

E-bost: .....

Ysgol Flaenorol: .....

Enw'r ysgol y mae angen cludiant ar ei chyfer: .....

## Rheswn dros wneud cais

Ticiwch a chwblhau **UN** o'r canlynol:

Dechreuwr newydd nad yw'n mynd i'r ysgol eto - *nodwch ddyddiad presenoldeb cyntaf:* .....

Newid enw neu gyfeiriad - *nodwch enw neu gyfeiriad blaenorol a dyddiad y newid:* .....

Tocyn teithio presennol wedi mynd ar goll, wedi'i ddwyn neu ei ddirodi. *Amgawch sic neu archeb bost am £5 neu £10 am docyn tymor.*

## Cytundeb

Rwyf wedi darllen y côd teithio amgaeedig ac yn deall y gallai ymddygiad annerbyniol arwain at ddiddymu eich hawl i gael cludiant am ddim. DS - nid oes rhaid i ddisgyblion cynradd lofnodi hwn

Llofnod Disgybl: ..... Dyddiad: .....

Cadarnhaf fod yr wybodaeth a roddir yn gywir. Rwyf wedi darllen y Côt Teithio atodedig ac rwy'n deall y gallai ymddygiad annerbyniol gan fy mhlentyn arwain at dynnu ei hawl i gludiant yn ôl. Bydd fersiwn lawn y Côt Ymddygiad yn cael ei hanfon gyda'r tocyn bws ar gyfer disgyblion prif ffrwd a chyda'r llythyr cadarnhad ar gyfer disgyblion ADY. Rwy'n cytuno y gallai'r wybodaeth yn y ffurflen hon gael ei throsglwyddo i'r gweithredwr cludiant. Rwy'n derbyn y gallai system teledu cylch cyfyng fod ar waith yn y cerbyd y bydd fy mhlentyn yn teithio ynddo, ac y gallai unrhyw beth a recordir gael ei wyllo a'i ddefnyddio fel tystiolaeth. Mae'n rhaid gwisgo gwregysau ar bob adeg i sicrhau diogelwch disgyblion wrth iddynt deithio.

Llofnod Rhiant/Gwarcheidwad: ..... Dyddiad: .....

Dychwelwch y ffurflen wedi'i chwblhau i: Cludiant i Deithwyr, Cyngor Castell-nedd Port Talbot, Flordd Brunel, Parc Ynni Baglan, Castell-nedd SA11 2GG

**AT DDEFNYDD Y SWYDDFA'N UNIG:**

DYDDIAD DERBYN: ..... RHIF Y TOCYN: ..... RHIF Y LLWYBR: ..... CYHOEDDWDYD GAN: .....