

To: Transport Coordination Centre  
Room 365, County Hall  
Kingston upon Thames  
Surrey  
KT1 2DY



If you would like to see how the Transport Coordination Centre use your personal data please read our privacy notice. This can be found on the Surrey County Council website ([www.surreycc.gov.uk](http://www.surreycc.gov.uk)) and follow the links for Your Council/Your Privacy/Our Privacy Notices/Transport Coordination Centre

**CONCESSIONARY TRAVEL APPLICATION: (Please complete in BLOCK CAPITALS)**  
**ONE APPLICATION PER CHILD**

Pupil's Full Name.....Date of Birth .....

Address .....

.....

Post Code..... Tel:.....

Email Address:.....

Pupil's School.....Town.....

Route Required ..... (to be allocated by Transport Coordination Centre)

Commencing ..... Is a sibling already travelling? .....

If yes, please state sibling's name .....

If you are applying for a taxi seat, and your child is under 12, please supply height and weight details in case a car seat is needed.

Height..... Weight.....

Concessionary seats are sold on the presumption that your child will be travelling every day. You may apply for a concessionary seat for a part of the week. However, these are only offered once all applications for 5 days per week have been considered. If you wish to be considered for a part of the week, please indicate the journeys on the reverse of this form.

I confirm that I have read the criteria for concessionary seats as set out in the Home to School Transport Policy for 4-16 year olds.

I confirm that I wish to be considered for a concessionary (paying) seat for my child. I understand that payment for concessionary seats is due at the beginning of each term.

In accepting this concessionary seat for my child I hereby undertake to make this payment promptly, and understand that should I fail to do so the seat will be withdrawn and this undertaking could be produced as evidence in any legal action, which the Council may decide to take.

I understand that the concessionary seat can be withdrawn at any time and at short notice should the seat be required for an entitled pupil. (Under these circumstances an appropriate refund will be made).

If/when a seat becomes available on existing transport The Transport Co-Ordination Centre will contact you with regard to the transport start date and payment required.

.....  
Signature of parent/guardian

.....  
Please print title and name of parent/guardian

.....  
Date

	Morning (please tick)	Afternoon (please tick)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

For office use only	Distance miles:	Distance metres:	In/out County:	
PT:	Sibling entitled:	Sibling end date:	Allocate:	Date: