APPLICATION FOR SCHOOL TRANSPORT

CONWY
CYNGOR BWRDEISTREF SIROL
COUNTY BOROUGH COUNCIL

Please use **CAPITALS** to complete this form.

To find out more information or to complete an online application, please visit …

http://www.conwy.gov.uk/en/Resident/Education-and-Families/School-Transport/School-Transport.aspx

PUPIL DETAILS

Surname _____ Date of Birth _____

Forenames _____ Male/Female Please tick **M** ☐ **F** ☐

Full Home Address _____

_____

Postcode _____ Tel/Mob No. _____

Date moved into current address _____

TRANSPORT APPLICATION DETAILS

Primary application ☐ **Secondary Application** ☐ *Please tick appropriate*

School to be attended _____ Start Date _____

Distance between home address and chosen school _____ Miles

If this is not your nearest school, please give reason for your choice (Welsh Medium, Concessionary fare, Medical grounds etc.)

_____

PARENT/GUARDIAN DETAILS

Title _____ Full Name _____

Address if different to above: Post Code _____

Tel / Mob No.

I DECLARE that I have read and agree to the terms contained within the Travel Behaviour Code.I confirm that the above information is correct to the best of my knowledge.
I understand that the LEA may seek confirmation of the details.I understand that the LEA hold the right to revoke transport provided at any time.
I UNDERTAKE to return to the LEA any ticket issued to me by the LEA or refund the appropriate portion of any mileage allowance if my child leaves school before the end of the academic year, or otherwise is no longer eligible.
I CONFIRM that the above information is correct and understand that any claim suspected to be fraudulent will be referred to the County Borough solicitor.

SIGNED _____ Date _____

Please return form to: Site Management, Conwy CBC Education Services, PO Box 1 Conwy, LL30 9GL.

Visit us at: Coed Pella, Conway Road, Colwyn Bay, LL29 7AZ . Phone: 01492 541311

OFFICE USE ONLY

Date received _____ Pupil Ref. Number _____ C Code _____

Assessed by _____ Additional information for memo tab:

CAIS AM GLUDIANT YSGOL

CONWY
CYNGOR BWRDEISTREF SIROL
COUNTY BOROUGH COUNCIL

Defnyddiwch BRIF LYTHRENNAU

I gael rhagor o wybodaeth a/neu gwblhau cai ar-lein clicwch isod...
http://www.conwy.gov.uk/cy/Resident/Education-and-Families/School-Transport/Free-School-College-Transport.aspx

MANYLION DISGYBL Cyfenw _____ Dyddiad Geni _____

Enwau Cyntaf _____ Gwryw/Benyw (Ticiwch) G ☐ B ☐

Cyfeiriad Cartref Llawn _____

Côd Post _____ Rhif Ffôn a chod: _____

Dyddiad symud i'ch cyfeiriad presennol _____

MANYLION TEITHIO **Cais Gynradd** ☐ **Cais Uwchradd** ☐ (Ticiwch)

Yr ysgol i'w mynychu _____ Dyddiad dechrau Ysgol _____

Beth yw'r pellter rhwng eich cartref a'r ysgol a ddymunir? _____ Militir

Os nad eich ysgol agosaf (y rheswm am eich dewisiad)

_____

MANYLION RHIENI/GWARCHEIDWAID Teitl _____ Enw llawn _____

Cyfeiriad os yw'n wahanol i'r uchod (neu gadewch yn wag)

Côd Post _____

Rhif Ffôn _____

RWY'N DATGAN i mi gael copi, ac rwy'n cytuno â'r amodau a gynhwyswyd o fewn y Cod Cludiant Cymorth Ysgol A Choleg. Rwy'n cadarnhau hyd y gwn bod y wybodaeth yn gywir. Rwy'n deall y gall yr AALI geisio cadarnhad o'm cais

RWY'N ADDO anfon unrhyw docyn yn ôl i'r AALL a roddwyd gan yr AALL neu ad-dalu'r rhan briodol o unrhyw lwfans milltiroedd os bydd fy mhlentyn yn gadael yr ysgol cyn diwedd y flwyddyn academaidd, neu'n colli'r hawl i gludiant.

LLOFNOD _____ Dyddiad _____

Dychweler y ffurflen at: Gwasanaethau Eiddo a Rheoli Safle Addysg, Gwasanaethay Addysg, Blwch Post 1, Conwy, LL30 9GL neu transportapplications@conwy.gov.uk
Ymweld a ni: Coed Pella, Ffordd Conwy, Bae Golwyn, LL29 7AZ. Ffôn:01492 541311

AT DDEFNYDD SWYDDFA'N UNIG

Dyddiad derbyniwyd _____ Rhif Cyf Disgybl _____ Côd C _____

Aseswyd gan _____ Rhagor o wybodaeth i'r memo: _____