**Application for Change to Existing**

**Travel Assistance**

Please read Enfield’s Getting to School Policy to ensure you, your child or young person are eligible before completing this form. A copy is available on Enfield’s website at

<https://www.enfield.gov.uk/__data/assets/pdf_file/0014/5612/getting-to-school-policy-local-offer.pdf>

|  |  |  |  |
| --- | --- | --- | --- |
| **1: Details of the child or young person** | | | |
| First name | | Surname | |
|  | |  | |
| Date of birth |  | Gender |  |
| Current home address |  | | |
| Post code |  | | |
| Current Educational Setting |  | | |

|  |  |  |
| --- | --- | --- |
| **2: Please indicate the reason for making this application** | | |
| Permanent change of address | |  |
| Temporary change of address (please provide further information below) | |  |
| Previous address |  | |
| Medical reasons (please provide further information below) | |  |
| Other (please provide further information below) | |  |
| Additional information |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3: Main Parent or Carer’s details** | | | | | | | | |
| Title |  | Relationship to child or young person | |  | | | Parental responsibility | Yes/No |
| First name | | | | Surname | | | | |
|  | | | |  | | | | |
| Home or Main Address (if different to above) | | |  | | | | | |
| Postcode | | |  | | | | | |
| Home phone | | |  | | Mobile |  | | |
| Email address | | |  | | | | | |

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| --- | --- | --- | --- |
| **4: Please outline below why you, the child or young person cannot walk to the educational setting either alone or accompanied by an adult or, travel on public either alone or accompanied by an adult** | | | |
|  | | | |
| Are you/is the child or young person a wheelchair user? | | | Yes / No |
| Electric |  | Manual |  |

|  |  |
| --- | --- |
| **5: Declaration** | |
| By signing this form below, you are giving us permission to share the information contained in this application form for the purposes of considering your application. By signing it you are also confirming that to the best of your knowledge the information given on the form is correct and true. | |
| Form completed by (print name) |  |
| Signature |  |
| Relationship to child/young person |  |
| Date |  |

Please send the completed form **by email** to [travel.assistance@enfield.gov.uk](mailto:travel.assistance@enfield.gov.uk)

If you would like to make your request in paper form, please email [travel.assistance@enfield.gov.uk](mailto:travel.assistance@enfield.gov.uk) to request a copy of the form.