



St. Cuthbert's

Roman Catholic High School

Home to School Transport Application for the academic year beginning September 2025

APPLICATION DETAILS

PUPIL DETAILS

Surname:		Forename (s):	
Date of Birth:	Gender: Male /Female	Year/Form Group:	
Address:			
Town:		Postcode:	
ELIGIBILITY INFORMATION (Must be completed)			
Is your child currently receiving Free School Meals?			
Do you receive the maximum level of Working Tax Credit? (Award must state 'Reduction due to your income' as £0.00)			

TRANSPORT DETAILS

Nearest bus stop (road/street):	
Bus number (if known):	
Outward journey details (where journey to school begins):	

PARENT/CARER DETAILS AND DECLARATION

Title: Mr/Mrs/Miss/Ms Other:	
Surname:	Forename:
Contact Telephone No.:	
Email:	
If address differs from above, PLEASE state:	
Discretionary Assistance: I confirm that the information provided on this form is accurate. I wish to apply for the pupil named above to be considered for assistance with travel expenses.	
Signed:	Date:



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**ATTACH
PHOTOGRAPH
HERE**

THIS APPLICATION CANNOT
BE PROCESSED WITHOUT
THE CORRECT PASSPORT
SIZED PHOTOGRAPH

PHOTOGRAPH REQUIREMENTS

- A passport-sized photograph must be attached to process this application.
- Photocopies or digital images will NOT be accepted.
- The child's name and form group must be written clearly on the back of the photograph.
- The school is not responsible for the cost of obtaining a photograph.
- Applications without a valid photograph will be delayed.

Once completed in full, this form along with a passport photograph should be returned to the school office marked: Bus Pass

ADDITIONAL INFORMATION

Bus passes will be issued within the first week of the new school term. Please ensure alternative transport or travel expenses are arranged for this period.

DATA PROTECTION NOTICE

Personal information provided on this form is treated confidentially and complies with the Data Protection Act. This information may be shared with the Local Authority and Transport for Greater Manchester for verification purposes.

FOR OFFICE USE ONLY

ARBOR STUDENT ID (ADNO):	Year Group:
FSM: Yes / No	Distance to School:

APPROVED
<input type="checkbox"/> Photo Received <input type="checkbox"/> Forwarded to LA <input type="checkbox"/> Pass Number: <input type="checkbox"/> Recorded in Arbor
Issue Date:

DECLINED
Reason:
Date Letter Sent: