



WIGAN COUNCIL – INTEGRATED TRANSPORT UNIT

APPLICATION FOR PAYMENT OF TRAVELLING EXPENSES FOR SCHOOL YEAR 2010/11

1. Pupil details

SURNAME		FORENAME(S)	
Telephone Number		Main Residence Address	
Date of Birth		Post Code	
Name of School		Date admitted	

2. If pupil does not attend the nearest school to his/her home.

(a) Name of nearest suitable school

(b) Reason why pupil does not attend nearest suitable school

3. (a) Previous address, if moved house after 1.8.10

..... Date of moving

(b) Previous school attended (if applicable)

4. Amount claimed (give full details of each section of the journey)

Service operated by	Service Number	Fare Stage Points	
		From	To
e.g. First Manchester	653	HINDLEY	WIGAN

I certify that the details given on this form are correct and that no previous claim in respect of the same period has been made,

Signature of Parent or Guardian

Full name of Parent of Guardian Mr /Mrs / Miss / Ms

(to whom cheque should be made payable)
Date

5. To be completed by school (PLEASE DO NOT INCLUDE ATTENDANCE WHEN ON WORK EXPERIENCE)

	Number of Days School was Open	Number of Days Attended	Office Use Only	
			No of return journeys	School Preferences
Autumn Term 2010				
Spring Term 2011				
Summer Term 2011				

THIS INFORMATION TO BE CERTIFIED BY THE HEAD OF THE SCHOOL

Signature of Head of School

OFFICE USE ONLY		COMPLETED BY :		
APPROVED	UNDER 2 MILES	UNDER 3 MILES	NOT NEAREST	NOT WIGAN