



Application for Concessionary School Transport (Privilege Pass)

Please complete this form if you wish to apply for a concessionary space on a contracted school bus and your child is **not** entitled to free school transport. Confirmation of allocated spaces will be notified as soon as possible.

Parent/Guardian Details

Title Mr Mrs Miss Ms Other please state

Forename

Surname

Address

Post Code

Tel No: (Daytime)

Email:

Phone/Email details must be provided in order that contact can be made at short notice)

Transport required

Transport to
 from

Mon - Fri am and pm (please tick as appropriate)

If not Mon - Fri am and pm journeys please specify eg. Thursday pm only

Please indicate the pupil's stage/year in this session

Stage/Year P1 P2 P3 P4 P5 P6 P7
 (please tick) S1 S2 S3 S4 S5 S6

Pupil Details

Forename

Surname

Date of Birth / /

Current School

Permission to use your child's photo if available (please tick) Yes No

PLEASE SEE DECLARATION AND SIGN OVERLEAF

DECLARATION

Please read the following carefully before signing the declaration below:

- I accept that a Concessionary Pass will only be available if there is spare capacity on contracted school transport after free transport places have been allocated. The capacity of a contracted vehicle will not be increased to accommodate children wishing to purchase a Concessionary Pass.
- I understand that an annual fee is payable in full, or in instalments if arrangements are made with Clackmannanshire Council to pay by Direct Debit, before my child is permitted to use school transport.
- I will ensure that my child behaves in an appropriate manner while using school transport and accept that the concessionary seat and right to travel on school transport may be withdrawn if my child's behaviour is deemed to be unacceptable.
- I agree to allow information on this form to be verified from other information held by Clackmannanshire Council.

If your child is entitled to free school meals, on the basis of household income, please tick this box.

Signature of Parent or Guardian:

Date: / /

FOR OFFICE USE ONLY

Transport Operator _____

Approval: Yes No

Date: / /

Please return completed form to:

Clackmannanshire Council
Education Services
Kilncraigs
Alloa
FK10 1EB