

Home to School Transport

Concessionary Seats



Application Form 2018–19

Pupil Details			
Pupil's First Name:		Pupil's Surname:	
Home Address:			
.....			
.....			
.....			
			Postcode:
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Date of Birth:	2018-19 Year Group:
School Attending:			

Please choose your preferred bus routes	
First preference: Contract _____	Second preference: Contract _____
Details of routes can be found at www.durham.gov.uk/concessionaryseats . If you are not certain which route to choose, we will select an appropriate one.	
Please provide details on the reverse if the pupil is not travelling from their home address.	

Name for invoice (this person must be over 18 years old)		
Title:	First Name:	Surname:
Home Address: (leave blank if same as above)		
.....		
.....		
.....		
		Postcode:
Telephone:	Email:	
Relationship to pupil:		

Please sign below if you accept the conditions		
I wish to apply for a Concessionary Seat on school transport. I agree to be invoiced for the cost of the Concessionary Seat for the pupil above. I have read and accept the conditions of the Concessionary Seat Scheme in the separate 'Guide for Parents' document.		
Signed:	Print Name:	Date:
_____	_____	_____

Please complete in BLOCK CAPITALS and return to:
TRANSPORT SERVICES, COUNTY HALL, DURHAM, DH1 5UQ

You can now apply for concessionary seats online. Visit www.durham.gov.uk/concessionaryseats.