

# **All Hallows Catholic College**

A Voluntary Academy | National Teaching School

Aspire not to have more but to be more

### TRANSPORT HARDSHIP FORM

All Hallows will pay towards Bostocks Coaches transport costs in cases of hardship as follows:

#### • Free School Meals

Students in receipt of Free School Meals should initially apply to Cheshire East for a concessionary bus pass <a href="https://www.cheshireeast.gov.uk/public transport/school transport/school transport.aspx">https://www.cheshireeast.gov.uk/public transport/school transport/school transport.aspx</a>
If Cheshire East does not make the payment, please attach your letter from CEBC and complete this form for payment. Sixth Form students in receipt of Free School Meals will be entitled to a paid All Hallows pass.

## • Working Tax Credits or Universal Credit

Students whose families are in receipt of Working Tax Credits can apply for a refund of up to 50% of College Contract transport costs.

Please complete and return this form to establish your eligibility for this concession.

| Parent / Carer Name(s) |  |
|------------------------|--|
| Student Name(s)        |  |
| Form                   |  |
| Date of Birth          |  |
| Home Address           |  |
|                        |  |
|                        |  |
| Home Telephone Number  |  |
| Mobile Number          |  |
| E-mail Address         |  |
|                        |  |

|   |         | EVIDENCE REQUIRED                                |
|---|---------|--|
| Are you eligible for Free School Meals and have been  | YES /NO | Refusal letter from Cheshire East Council        |
| refused a concessionary pass by Cheshire East         |         |  |
| Council?  |         |  |
| Are you in receipt of Universal credit or Working Tax | YES/NO  | Credit Award Notice marked "2020-2021". Must be  |
| Credits?  |         | for full year and not partial awards (FULL AWARD |
|   |         | NOTICE)  |

#### **Declaration**

Please read the declaration below and read carefully before signing:

- 1 I certify that the information in this application is true and accurate.
- 2 I understand that it is my responsibility to supply any additional information that may be required to verify the particulars given.
- 3 I will inform the College of any change of circumstances.
- 4 I agree to repay the College in full and immediately any sums advanced to me if the information I have given is shown to be false or deliberately misleading. I am aware that the funding covers only this school year and that I must re-apply next year: there is no guarantee that I will receive funding for future years even if I am eligible for the current year.

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|--------------|-------------------|-------------|-------------------|----------------|--------------|-------------------|-----------------|-------------|--|
| Signed (Pare | ent / Carer)      |             |                   | Da             | nte          |                   |                 |             |  |

Please return this form to the College Finance Office who will contact you in due course to confirm your eligibility.

|  | Date and initials of AHCC staff |
|--|---------------------------------|
| FSM eligibility confirmed                            |                                 |
| Working Tax Credits notification copied and retained |                                 |
| Amount awarded Parents / Carers                      |                                 |
| Informed   |                                 |
| Payment amount and date made                         |                                 |