

CLAIM FORM FOR SEN TRAVELLING EXPENSES

This form should only be used to claim travelling expenses for children attending Special Schools or Units.

TO BE COMPLETED BY THE ADULT APPLICANT, ALL QUESTIONS MUST BE ANSWERED,
PLEASE USE BLOCK CAPITALS FOR ALL ANSWERS.

TERM / PERIOD

Please give the name of term & specific dates for claim

1. Full name of adult applicant: Mr / Mrs / Miss / Ms

2. Address:

3. Daytime telephone number:

4. Your relationship to the pupil is:

5. Name of pupil:

6. Date of birth:

7. Name of school:

8. Approximate mileage for daily travel:

9. Number of attendances during claim period. If your child attends school as a:

- daily pupil, tell us how many times they have attended during the claim period:

- boarder, tell us how many return journeys you have made during the claim period:

10. Cheque to be made payable to:

Signed

Date

Adult Applicant

FOR SCHOOL / COLLEGE USE ONLY:

I certify that the particulars shown above are correct.

Signed

Date

Head/Principal

School or
College
stamp

FOR OFFICE USE ONLY:

Journey checked:

Inv Ref:

Amount payable: