

Application for Change to Existing Travel Assistance



Please read Enfield's Travel Assistance Policy to ensure you, your child or young person are eligible before completing this form. A copy is available on Enfield's website at [Travel Assistance Policy](#)

1: Details of the child or young person			
First name		Surname	
Date of birth		Gender	
Current home address			
Post code			
Current Educational Setting			

2: Please indicate the reason for making this application	
Permanent change of address	☐
Temporary change of address (please provide further information below)	☐
Previous address	
Medical reasons (please provide further information below)	☐
Other (please provide further information below)	☐
Additional information	

3: Main Parent or Carer's details					
Title		Relationship to child or young person		Parental responsibility	Yes No
First name			Surname		

Home or Main Address (if different to above)			
Postcode			
Home phone		Mobile	
Email address			

4: Please outline below why you, the child or young person cannot walk to the educational setting either alone or accompanied by an adult or, travel on public either alone or accompanied by an adult

Are you/is the child or young person a wheelchair user?			Yes No
Electric	☐	Manual	☐

5: Declaration

By signing this form below, you are giving us permission to share the information contained in this application form for the purposes of considering your application. By signing it you are also confirming that to the best of your knowledge the information given on the form is correct and true.

Form completed by (print name)	
Signature	
Relationship to child/young person	
Date	

Please send the completed form **by email** to travel.assistance@enfield.gov.uk
 If you would like to make your request in paper form, please email
travel.assistance@enfield.gov.uk to request a copy of the form.