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**Emergency Transport Fund Application**

**DUMFRIES AND GALLOWAY COUNCIL**

**EDUCATION AND LEARNING**

**APPLICATION FOR EMERGENCY FINANCIAL ASSISTANCE TOWARDS THE COST OF TRANSPORT TO SCHOOL**

**Pupil Name(s):**

**Date(s) of Birth:**

**Primary Address:**

**Post Code: Tel No:**

**School(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Briefly, can you describe the circumstances behind your request for emergency financial support:

**Do you live on a public bus route? Y/N**

**Does your child have a young Scot card? Y/N**

**Daily Mileage from Primary Residence:**

**Parent/Carer Name:**

**Signature:**

**Date of application:**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return completed application to:** EducationSupportHub@dumgal.gov.uk