

Preliminary Application Form for Home to School Transport

for pupils
with a Statement of Special Educational
needs who live in Calderdale

Issued by:
Children and Young People's Services
Access Team
Northgate House
Northgate
Halifax
HX1 1UN

If you would like this information in another format (e.g. Braille, large print, audio type or computer file), or another language please contact Tel: 01422 392749.

আপনি যদি এই তথ্য অন্য কোন মাধ্যম অথবা ভাষায় চান
তাহলে দয়া করে যোগাযোগ করুন :

Tel: 01422 392749

اگر آپ کو یہ معلومات کسی دوسری زبان
یا شکل میں چاہیے تو رابطہ کریں :

Tel: 01422 392749

Guidance

It is the legal responsibility of the parent to ensure their child's attendance at school. In accordance with the Education Act 1996, Calderdale LEA will, however, offer the following assistance for pupils with a statement of special educational needs:

- All pupils who attend Calderdale special schools receive transport assistance from home to school.
- Where the Authority names a mainstream school where the needs of the statemented child can be met, and if that school is not the nearest school, transport assistance will be provided subject to the 2 or 3 mile limit.
- Transport assistance may be provided for shorter distances where the individual needs of the child are such that transport is necessary in order for them to attend school.
- Where a child, through parental preference, is attending a school other than that designated by the LEA, the parent is responsible for arranging and paying for the cost of all transport. The education Act 1996 and associated Code of Practice (Para 4.60) make provision for the authority to name the preferred school despite this not being compatible with the efficient use of authority resources so long as the parents meet transport costs and this will be done where the parent has agreed to meet the transport costs.
- Where a pupil qualifies for transport assistance the LEA will decide on the most suitable means of providing assistance. Some examples of how assistance is provided include: paying a mileage allowance, on a contracted vehicle or by public bus service, and may be door to door or from a designated pick up point.
- Transport is normally only provided at the beginning and end of the school day. Individual timetables cannot usually be catered for.
- Where transport is provided it is the parent's responsibility to escort their child to and from the vehicle or designated pick up point.

If you require any assistance in completing this form, or require any further information please telephone the Access Team on 392542.

Preliminary Application form for free home to school transport

Data Protection – Please be aware that the information you supply on this application will be used in the evaluation and development of transport services as well as to assess eligibility for free transport. If successful, data will be recorded on computer and passed to relevant transport providers and ParentMail for processing. All data will be held in accordance with the Data Protection Act 1998.

Please read the attached guidance notes. All sections must be completed in **black ink** using **CAPITAL LETTERS**.

PUPIL DETAILS

First name: _____ Last name _____

Date of birth: ____/____/____ Age: _____ Year group: _____

Name of school: _____

Permanent home address: _____

_____ Postcode: _____

PARENT OR GUARDIAN DETAILS

Mr/Mrs/Ms/_____ Initials: _____ Last name: _____

Address (if different to the child's): _____

_____ Postcode: _____

Contact Number(s): (Hm) _____ (M) _____

Email Address: _____

Have you moved house in the last 12 months? Yes No

What was your previous address

_____ Postcode: _____ Date of removal: _____

Is the child in public care or fostered? Yes No

Has the child been permanently excluded from a different school? Yes No

INCOME DETAILS

Is this child entitled to free school meals? Yes No

Are you in receipt of the maximum level of Working Tax Credit? Yes No

If you are, please enclose a copy of your recent tax credits award notice you received from HM Revenue and Customs.

FOR OFFICE USE ONLY

Received on

____/____/____

Walking distance between the child's home and the named school

_____ miles

Nearest schools

Checked

FSM Y6
WTC Y10
EXC Y11
LAC 1st

Approved?

YES NO

Reason for failure

Letter sent

____/____/____

by _____

Pass ordered on

____/____/____

by _____

Added to PMail

____/____/____

EMERGENCY CONTACT DETAILS

Name of Person _____ Tel No _____

Relationship _____

TRANSPORT REQUIREMENTS

Date Transport should commence _____
(normally 10 working days notice is required)

School Arrival time _____ School Departure time _____

Please tick the boxes below to indicate when transport is required. If arrival and departure times vary please insert the time that transport is required.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning to school					
Afternoon home from school					

1. Type of Transport required

Bus Pass Mileage Allowance Car/minibus (go to question 2)

Wheelchair Accessible vehicle (go to question 3)

If a specific type of vehicle is required please state what this is and why it is required.

2. Special Seating Requirements

None Booster cushion/seat Child car seat

Other _____(Please specify)

Child's weight _____ Kgs Child's Height _____cms

This information is required to ensure the correct seat is supplied.

3. Wheelchair details

The following details are required by Transport Services in order to ensure that the correct equipment is provided to enable your child to travel safely in the vehicle.

*Manufacturer _____ Model _____

Seating Base _____(if not standard)

Manual Electric Folding

Has the wheelchair been crash tested?

Yes

No

Not sure

Will a head restraint (head rest) be provided with the wheelchair?

Yes

No

Is there likely to be ancillary equipment attached to the wheelchair, for example, trays, communication aids, oxygen cylinders, knee block etc? Please give details below:

* If possible please attach a copy of the manufacturers transportation guidelines from the 'User Manual' supplied with the wheelchair.

You must inform transport services if there is a change to the make and/or model of wheelchair as this may affect the type of restraint required.

4 Equipment:

Does any special equipment need to be carried to and from school?

Yes

No

If YES please give details

ASSESSMENT CRITERIA

1. Are you in receipt of the higher rate mobility component (HRMC) of the Disability Living Allowance (DLA) Yes No

2. Is the child a wheelchair user? Yes No

If YES please go straight to question 4

3. Does the child have a disability or medical condition that would prevent them walking to school when accompanied by an adult? Yes No

If YES please give details of why the child cannot walk to school _____

4. Does the child have a disability or medical condition that affects how they are able to travel to and from school (accompanied as necessary by a responsible adult)?

Yes No If YES please state why

5. Does your child have a behavioural condition that affects how they are able to travel?

Yes No If YES please state why

6. Are you available to take your child to and from school? Yes No

If NO, please give the reasons why. (*For example, you might have other children to take to different schools at the same time*).

7. Please tell us the names of any professionals or agencies who work with your child, apart from teachers.

8. If taxi/minibus transport is provided does the child need to be accompanied between home and school?

Yes No If YES what is the reason?

9. Does the child have specific medical needs? If yes please give as much information as possible including whether the escort will need any specific training.

SKILLS ASSESSMENT

1. Is your child able to walk unaided? Yes No
2. Can your child climb stairs? Yes No
3. Is your child able to organise him/herself?
(eg dressing, washing, preparing for school) Yes No
4. Can your child give verbal information to others? Yes No
5. Can your child remember information? Yes No
6. Can your child tell the time? Yes No
7. Can your child receive and use information? Yes No
8. Does your child ever travel unescorted by adults? Yes No
9. What type of transport does your child currently use on a regular basis outside school life?
Tail-lift vehicle Bus Train Min-bus Private Car

EXTRA INFORMATION - is there any other information you think we should know when assessing your child's transport requirements, ie cannot travel with other children, requires one to one escort, constraints to pick up/drop off times etc.

DECLARATION OF PARENT/GUARDIAN

I declare that, to the best of my knowledge, the information given on this form is correct and complete and undertake to inform the Access Team of any changes immediately.

I understand that the Council and its agents may use the information contained in this application for communicating with parents/carer via ParentMail and for the evaluation and development of transport.

I also understand that all data will be held safely in accordance with the Data Protection Act 1998.

Signed: _____ Date: _____

When you have fully completed the application form, please return to:

Access Team
Children and Young People's Services Directorate
Northgate House
Northgate
Halifax, HX1 1UN

Please check that you've:

- **filled in the form properly**
- **attached any supporting evidence**