1. **ELECTIBILITY**

There is no automatic entitlement for Home to School Transport for any child who does not qualify using the national statutory distance criteria and is attending their nearest qualifying school (or one of the qualifying schools for low income households).

Please ensure that you refer to the Sefton Home to School Transport Policy which is available on Sefton’s website www.sefton.gov.uk/schooltransport as the nearest qualifying school for transport eligibility may not necessarily be the school you have chosen for your child to attend.

The Local Authority does have discretionary powers to approve transport in the small number of cases where it is established that there are **individual exceptional circumstances** and the following applies:

- The child lives in Sefton AND
- The child is attending their nearest qualifying school (but is not eligible under the national eligibility criteria) AND
- The Local Authority accepts that Specialist Transport is required in the circumstances

2. **COMPLETING THE FORM/SUPPORTING EVIDENCE**

Please complete all sections of the form. Incomplete application forms will be returned. It is the responsibility of the parent/carer who is completing the application to provide sufficient evidence of the exceptional circumstances which you wish to be considered e.g. specific reasons as to why the child is attending a school that is not the nearest qualifying school, and/or appropriate medical evidence.

It may be necessary for the Authority to request further information from you, the school, or other professionals before a final decision on eligibility for transport can be made.

3. **PROCESSING YOUR APPLICATION / RISK ASSESSMENTS**

You must ensure that the application form and any additional information are submitted **at least 10 days** in advance of the date that transport is required. This is because a risk assessment may need to be carried out in relation to the child’s needs and the type of transport that will be required.

**IF** Specialist Transport is approved, a referral will be made to Sefton’s Specialist Transport Unit who may contact you directly.

Please ensure that you include contact telephone numbers on the application. An email address would also be helpful.

4. **CHANGES TO APPROVED TRANSPORT**

Any changes that are required to previously agreed transport arrangements **MUST** be agreed in advance* by the School Admissions and Pupil Support Team. Contact: Helen Johnson; Tel: 0151 934 3504, helen.johnson@sefton.gov.uk or Jane Clark; Tel: 0151 934 3487, jane.clark@sefton.gov.uk **notice must be received at least 3 working days in advance** of the journey taking place.

*Changes to transport will only be considered if the change is required due to exceptional circumstances. **Transport to and from respite care, after school activities, medical or dental appointments are not provided under this policy.**

5. **FAILURE TO COMPLY WITH THESE REGULATIONS**

The parent/carer will be responsible for refunding to the authority the amount of any cost incurred through failure to comply with the above regulations.

Please send the completed form to:-

Sefton Council, Education Support Services Manager,
Schools Regulatory Services, Town Hall, Oriel Road, Bootle, L20 7AE.
**SCHOOL PUPIL - SPECIALIST TRANSPORT APPLICATION FORM 2017-2018**

(Discretionary arrangements for pupils under the age of 16)

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Please ensure that you have read the eligibility and important information attached, before completing this form.

You should submit this form at least 10 days prior to the date transport is required, however, we recommend that you apply as early as possible.

**PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS**

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### 1. Pupil Details

<table>
<thead>
<tr>
<th>Pupil’s name</th>
<th>Pupil’s Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DD / MM / YYYY</td>
</tr>
</tbody>
</table>

Age on 01/09/2017 [Yrs]  
Year Group from Sept 2017 [ ]

Permanent Home Address  
(This will be the pick up and drop off address)

[__________________________]

Postcode [__________________________]

### 2. School Details

Name and address of School attending in **2017-18**

[__________________________]

Name and address of previous School attended in 2016-17  
*(if different from above)*

[__________________________]

### 3. Parent/Carers Details

Title (please tick)  
Mr [ ]  
Mrs [ ]  
Miss [ ]  
Ms [ ]  
Other [ ]

First Name [__________________________]  
Surname [__________________________]

Relationship to student (please tick)  
Mother [ ]  
Father [ ]  
Step Parent [ ]  
Carer [ ]  
Social Worker [ ]  
Other [ ] *(please state)*

Day Tel No: [__________________________]  
Evening Tel No: [__________________________]

Mobile Tel No: [__________________________]  
Email Address: [__________________________]

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**PLEASE CONTINUE COMPLETING THIS APPLICATION FORM OVERLEAF**

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Please ensure that you have read the eligibility and important information attached, before completing this form.

You should submit this form at least 10 days prior to the date transport is required, however, we recommend that you apply as early as possible.

**PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS**
4. Special Educational Needs and Disability Information

Does your child have an Education, Health and Care Plan?  
Yes [ ]  No [ ]

Physical Difficulty  [ ] Please give further details, **including the diagnosis**, below: You should include information such as if a wheelchair is used (state if electric or manual), if a mobility aid is used (state the type of aid used) or any other relevant details.

<table>
<thead>
<tr>
<th>Learning Difficulty - Please state diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Impairment  [ ] Hearing Impairment  [ ] Communication Difficulty  [ ]</td>
</tr>
<tr>
<td>Epilepsy  [ ] Autism  [ ] Emotional Behavioural Difficulty  [ ]</td>
</tr>
<tr>
<td>Poor Mobility  [ ] No Mobility Problems  [ ] Attention Deficit Hyperactivity Disorder  [ ]</td>
</tr>
<tr>
<td>Other (please state)  [ ]</td>
</tr>
</tbody>
</table>

Can the student travel with others?  
Yes [ ]  No [ ]  If **NO** state reason why: [ ]

5. Additional Information (must be completed in **ALL** cases)

In accordance with the National Home to School Transport Policy, the Local Authority will consider applications for transport for children who are attending a ‘qualifying school’. There are extended eligibility criteria to determine a qualifying school(s) for low income households and the following questions will help to establish if your child is attending a qualifying school.

Are you entitled to receive Free School Meals for your child?  
Yes [ ]  No [ ]

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

Please provide the most recent **FULL** Inland Revenue Award Notice to determine this. If you do not provide the Award Notice we cannot consider your eligibility under the low income household criteria.

How does your child currently travel to/from school each day?

FOR FIRST TIME APPLICANTS ONLY - Please state why the current travel arrangements cannot continue and the reasons why you are requesting Specialist Transport Provision is provided by the Local Authority. You should include all relevant details, including why the pupil cannot be supported with transport to & from school by parents/carers, other family members or friends.

(Continue on a separate sheet if necessary)

Please state any special instructions for a Transport Provider, i.e. has epilepsy (how it is controlled), gets motion sickness, etc:

(Continue on a separate sheet if necessary)

**PLEASE CONTINUE COMPLETING THIS APPLICATION FORM OVERLEAF**
6. Transport Requirements

Please tick the appropriate boxes

MON pick up  TUES pick up  WED pick up  THURS pick up  FRI pick up

MON drop off  TUES drop off  WED drop off  THURS drop off  FRI drop off

Requested transport start date: DD / MM / YYYY

Transport end date: DD / MM / YYYY

School start time

School finish time

7. Declaration and Signature of Parent/Carer

I confirm that I have read the full Sefton Home to School Transport Policy and the Specialist Transport Eligibility and Important Information attached. I understand that this application will be considered under a discretionary policy, based on my child’s individual needs stated above, and any supporting evidence that I may have provided.

Signature of Parent/Carer

Date

PRINT full name

Office Use Only

NEW / RENEWAL

One ID: _______________________

Logged: _______________

Qualifying School: Yes / No

Approved: Y / N

Referral to STU: _______________________

Letter sent to Parent: _______________________

Notes:

____________________________________________________________________________________________

________________________________________________________________________

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