

Application for assistance with home to school transport for children with additional needs

1. Details of child

Full Name of child:

Date of birth:

Address:

Postcode:

Current school:

New school (if transferring school):

Date of transfer (if transferring school):

If your child's attendance is part time, please specify days/hours:

Does your child currently receive home to school transport? YES NO

Does your child have any school age brothers and sisters? YES NO

If yes, please provide details of age and current school:

2. Details of parent/responsible person

Please provide details of parents/carers in Box 1. If there is only 1 parent/carer, please provide an alternative family member/friend we can contact in emergencies in Box 2.

<p>Box 1: Parent/responsible person(s):</p> <p>Tel no:</p> <p>Relationship to child:</p>

<p>Box 2: Alternative emergency contact:</p> <p>Tel no:</p> <p>Relationship to child:</p>
--

3. About your child

Does your child have a SEN statement? YES NO

If No, does your child have additional needs? YES NO

If yes, please provide details:

Does your child have a physical/sensory disability? YES NO

If yes, please provide details:

Does your child use a wheelchair? YES NO

Does your child travel in the wheelchair? YES NO

If yes, please provide more details about the wheelchair, e.g. make and model, manual or electric, etc.

If no, is the wheelchair to be transported to school with the child? YES NO

Does your child have a medical condition? YES NO

If yes, please provide more details regarding the condition e.g. what is the condition, how does it affect him or her, is there medication to be transported with the child, are there any specific warning signs to look out for.

Does your child have communication difficulties? YES NO

If yes, please provide more detail.

Does your child have behavioural difficulties? YES NO

If yes, please provide more detail.

Does your child require any specialist equipment? YES NO

If yes, please provide more details, e.g. car seat, booster seat.

3. About your child *continued...*

Is your child able to walk to school? YES NO

If no, please explain:

Is your child able to travel to school on public transport? YES NO

If no, please explain:

4. Family Circumstances

Does your family have the use of a car? YES NO

Do you receive the mobility component of Disability Living Allowance for your child? YES NO

If yes, which level: HIGHER LOWER

Please tell us about any other family circumstances that you think are relevant to your application, e.g. your employment situation.

5. Additional Information

Please provide any additional information to support your application. This should include why you think your child needs assistance to school and why you cannot make your own arrangements to provide this assistance. Please also include any alternative addresses to which transport may be required i.e. out of school clubs or respite. If necessary, please continue on a separate sheet of paper and enclose this with the application form.

6. Type of assistance required

If the LA agrees to help with your child's transport, what form of help are you seeking?

Taxi/Bus Bus pass for public transport Escort only Meet cost of using own car

Other Please specify:

7. Declaration

I that the information I have provided above is complete and true, and that I will inform the LA if any of the above details change.

Signed: Date:

We need your personal data to provide the home to school service you are applying for. We may also use it for prevention and detection of fraud. We will keep your personal data safe and secure and will not share it with other organisations or disclose it to anyone else without your consent, unless we are required by law to do so. Sometimes we collect personal data for one Council service and need to use it to give you another service.

Do you agree that the data collected in this form can be used for other Council purposes? YES NO

8. Assistance with the application form

If you are experiencing difficulties completing the application form, please contact the SEN team at Pupil and Parent Services on telephone number **0191 433 8587**.

9. Please return the completed application form to:

**Pupil & Parent Services Manager
Dryden Centre
Evistones Road
Gateshead
NE9 5UR**

Tel: 0191 433 8500

Email: SENTeam@gateshead.gov.uk

Where possible, applications are processed within 10 working days. Please ensure all sections are completed as incomplete applications may have to be returned to you, delaying the application process.