

REQUEST FOR SCHOOL TRANSPORT ON MEDICAL GROUNDS (Leicestershire Residents)

SECTION 1 – Student Information (to be completed by the person who has parental responsibility)

Full Name: Male Female

Home Address:

Date of Birth

Postcode

Tel No:

Email

Is the student in care to a Local Authority? Yes No If 'yes' which Local Authority?

Does the student have a Statement of SEN or an Education & Health Care Plan (EHCP)? Yes No

SECTION 2 – School Information (to be completed by the student's current school)

Name of School:

Address:

Tel No:

Postcode:

How does the student normally travel to school?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FINISH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Please note that transport is usually only arranged for the normal start and finish times of the school day)

Has a risk assessment been carried out by the school? Yes No if yes please attach a copy to this form (i.e. in relation to moving around in and around the school)

Name of contact at school:

Principal/Head teacher signature:

SECTION 3 – REASON TRANSPORT IS REQUESTED

Please tell us why transport is required. You must also provide supporting documentation from a Health Professional with this form, failure to provide supporting evidence may delay the processing of this form.

Continue on a separate sheet if required...

SECTION 3 – CONTINUED...

How far is the student able to walk unassisted (*please tick) and approximately how long would it take to walk that distance?

	0 metres	10 metres	100 metres	500 metres
*Distance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time taken	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the student able to climb steps? (i.e. at home/school premises etc.) *Yes No
*If yes, approximately how many steps?
How many steps (please tick): 1 – 5 5 - 10 10 - 20

Does the student use a wheelchair? Yes No
Does the student use crutches? Yes No

Does the student require an escort whilst travelling? *Yes No *If yes please give reasons below

Describe any assistance required from:

Home to vehicle (include anything that would cause a problem accessing a vehicle)

On route (include any special needs/medical or behavioural issues that would cause discomfort to the student or fellow travellers)

What prevents you from taking your child to school? Please give brief details:

DATA PROTECTION, DATA USE AND PARENT/GUARDIAN DECLARATION:

I understand that Leicestershire County Council (LCC) may store, keep and use all the information I give them when I am in contact with them as a record of their work with me/my child, so they can provide me/my child with any services needed. This includes the contents of this form.

I understand that LCC may share my/my child's information with other professionals where relevant and necessary, including the transport operator for the purposes of organising appropriate and safe transport. I understand that LCC may also use this information for the wider purpose of statistical data to help monitor their service and/or determine general areas of need.

I confirm that the information I have provided is correct to the best of my knowledge. I agree to surrender any school transport provided if my child/ward withdraws from school or if he/she is found to be not entitled to the transport provided. I understand that LCC reserves the right to suspend transport pending a review or revised risk assessment if necessary.



The data collected is in accordance with the Data Protection Act 1998

Mr, Mrs, Ms, Miss, Other: Print Name:
Signature: Date:

PLEASE RETURN COMPLETED APPLICATION FORM TO:

TRANSPORT ASSESSMENTS TEAM
ENVIRONMENT & DEPARTMENT OF TRANSPORT
LEICESTERSHIRE COUNTY COUNCIL
COUNTY HALL
GLENFIELD
LEICESTER LE3 8RJ

Telephone: 0116 305 0255:
Email: transportassessments@leics.gov.uk
FAX: 0116 305 7181