

TRANSPORT REQUEST FORM

The purpose of this form is to determine the most suitable method of transport for the child concerned in accordance with the LA's Transport Policy.

PLEASE NOTE 10 DAYS NOTIFICATION OF ANY REQUEST FOR TRANSPORT IS REQUIRED BY THE TRANSPORT TEAM.

1. Details of Pupil

1.1 Surname

1.2 Forenames

1.3 Full Postal Address
Post Code

1.4 Date of Birth

2. Details of Parent (s)

2.1 Mr Mrs Ms Miss (Please tick box as appropriate)

Mr Mrs Ms Miss (Please tick box as appropriate)

2.2 Surname

2.3 Forename

2.4 Full Postal Address (if different to Pupil)
Post Code

2.5 Telephone Number

2.6 Email Address (if appropriate)

2.7 Emergency Contact Telephone Number

3. Details of School

3.1 Full name of School/Establishment

3.2 Days and Time of Attendance at School:

4. Specific Needs of Pupil (please tick as appropriate)

4.1 Health and Physical Condition

- ADHD
- Allergy (please specify)
- Asthma

- Autism

- Deaf and Hearing Impaired

- Diabetic (effectively controlled by medication)
- Diabetic (not yet properly controlled by medication)
- Epilepsy (effectively controlled by medication)
- Epilepsy (not yet properly controlled by medication)
- Rectal Diazepam
- Speech and Language
- Suctioning
- Taking prescribed medication (please specify)
- Visually Impaired
- Other (please specify) _____

4.2 Ability to Walk/Travel

- Travels in Wheelchair (include details, ie: make, model, dimensions, headrest)

- Booster Seat

- Car Seat

- Harness

- Uses mobility aid to walk (ie. sticks, walker)

Walks unaided but with some difficulty

Items to be transported (ie. buggy, wheelchair, walker) (please specify)

Other (please specify) _____

4.3 **Behaviour Considerations**

Severe and Challenging

Violence to others (ie. pupils, escorts)

History of absconding (ie. at school, from taxi)

Other (please specify) _____

It is very important you give any additional details in this box:

5. **Is the provision of transport recommended as part of the child's statement of special educational needs?** **YES**

6. **What was the outcome of the discussion regarding the review of transport arrangements following the Annual Review?**

Please provide full details below:

ie: can the child progress from taxi to bus pass/independent travel training?

7. **Method of Transport. (Please delete as appropriate)**

7.1 Is specially adapted transport required?

YES/NO

7.2 Can the pupil travel with others?
Please note: Single person journeys by taxi will only be agreed in exceptional cases where the LA is satisfied the safety and security of the child or others on the journey is seriously at risk through group transport arrangements.

YES/NO

7.3 Is the pupil within walking distance of school?
(ie less than 3 miles from home for children aged 8 and over, and less than 2 miles from home for children over 5 and under 8)

YES/NO

7.4 Would it be appropriate for the pupil to be issued with a bus pass?

YES/NO

8. Details of Escort Provision

8.1 Is an Escort required?

YES/NO

<i>If YES please give details:</i>

8.2 Will the pupil require one to one Escort support?
(see 5.2 above)

YES/NO

<i>If YES please give full details as to why this is deemed necessary on transport:</i>
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This form also acts as the risk assessment. If any additional action is required whilst the child is travelling on transport (i.e. child locks activated) these must be identified below:

Details of Person Submitting the Application

Name

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Designation

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Date

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