



London Borough of Lambeth Education and Learning

APPLICATION for SEND TRAVEL ASSISTANCE

Lambeth

10th Floor, International House. Canterbury Crescent. London. SW9 7QE

For Pupils with a Statement of Special Educational Needs or an Education Healthcare Plan

Please write clearly in **BLOCK CAPITAL LETTERS**

If you need any guidance, please call us on 0207-926-9681

INCOMPLETE FORMS WILL BE RETURNED

Please allow up to 30 days for your application to be processed and please answer all the questions fully, otherwise the process can be delayed.

It remains the legal responsibility of the parent/guardian to ensure the child is in school during this time.

Name of Student	Forename (s)		Surname (s)	
Date of Birth :		Gender :		
Address				

Home-to-School Mileage
(for office-use only)

School Name and address & full post code: - for which transport is being requested		
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Parents / Carers at home	(Mum)Parent / Carer 1	(Dad)Parent / Carer 2

All Contact Phone Numbers	(Mum)Parent / Carer 1	(Dad)Parent / Carer 2
eMail Address(es)		

Other Adults at Home (16 yrs +)		
Relationship to 'Child'		

Authorised handovers (Living outside the family home)	
Address and telephone number	

Does the young person receive the mobility element of the Disability Living Allowance ? If YES, please state the level of the rate received.	YES / NO
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LOWER LEVEL / HIGHER LEVEL

Do you have a Motability Vehicle
(under the Higher Rate Mobility Component)

Yes / No

Does either parent or carer have access to a car ?

YES / NO

How exactly does the student get to school / college at present ?

Please provide specific details of the journey taken (bus numbers etc) and tell us who escorts him/her.

Please tell us more about the family set-up, including details of any partners/other adults living in the family home.

If you live alone, please explain what (if any) support the child's estranged father/mother provides

Please tell us why you, or any of the people named, cannot take the young person to/from school /college.

Please refer to employment, education, training or other obligations, including start and finish times and addresses, if applicable. If you are not in employment or education, please state this.

If the young person is of Secondary age, please advise what prevents him/her from travelling to/from school independently?

Are there medical reasons which prevent parent/s from accompanying the young person to/from school/college? Written medical evidence (ie from GP or hospital) must be provided with application. A GP letter stating that transport is required is not sufficient.

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If you have other children to get to school, please name the school, age of child/ren and tell us the start and finish times.

Please explain how you get around, with the young person, at weekends and during the holidays

Is the young person 'looked-after' ? that is to say in the care of a foster person / couple	YES / NO
If 'Yes', with which Local Authority :	
Name and number for Social Worker :	

Are you currently working with any other social-worker, carers, or other professionals ?	
Name and Position	
Contact Number(s) :	
Name and Position :	
Contact Number(s) :	

Does the young person need to travel in a wheelchair ?	YES / NO
Make and Model	

May your child need a booster seat, due to their age and /or height?	YES / NO
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Has your child been diagnosed with Epilepsy?	YES / NO
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Does your child have any other physical or health requirements we will need to consider for transport purposes? (i.e. tracheotomy, oxygen dependency) If YES, please detail below.	YES / NO
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Please tell us how the young person's needs may affect them on transport.
 (We will use the child's Statement of SEND or EHC Plan for all other information relating to their SEND)

Please tell us on what days your child will need transport to-and-from school.					Travel Request
	am	Arrival Time at School	pm	Collection Time from School	
MON	<input type="checkbox"/>		<input type="checkbox"/>		Transport <input type="checkbox"/>
TUE	<input type="checkbox"/>		<input type="checkbox"/>		Travel card <input type="checkbox"/>
WED	<input type="checkbox"/>		<input type="checkbox"/>		Bus pass <input type="checkbox"/>
THU	<input type="checkbox"/>		<input type="checkbox"/>		Travel Training <input type="checkbox"/>
FRI	<input type="checkbox"/>		<input type="checkbox"/>		Taxi Reimbursement <input type="checkbox"/>

Parents/Carers Declaration:

You must read this section carefully before signing this form

- The information on this application form is true and correct to the best of my knowledge.
- I have enclosed all the necessary supporting paperwork as required.
- I have read the Lambeth Home to School Transport Assistance Policy and understand that my child's application will be judged strictly in accordance with the policy.
- I understand that the Special Educational Needs Department may need to verify the evidence I have provided and therefore consent to contact being made with the author of my supporting documents

Personal information contained in this form will be held on computer and is therefore subject to the provisions of the Data Protection Act 1998.

Form Completed By :		Relationship to Student :	
Date Completed :		Requested Start Date of transport:	