The City of Edinburgh Council

Home to School Assisted Travel/School Transport Application Form

##### SCHOOL SESSION 2020/2021

Complete the application form to:

* Apply for assisted travel for the new 2020-2021 school session
* Apply for assisted travel when your child starts at a Council school during the school session
* Notify the Council of any change to your child’s circumstances that may affect existing assisted travel provision during the school session

Email the completed form to [SchoolTransport@edinburgh.gov.uk](mailto:SchoolTransport@edinburgh.gov.uk).If you do not have email access, contact your child’s school to send the email for you with the application form attached. A return receipt email will be automatically sent to the sender. No paper copies can be accepted.

See the Application Form Guidance Notes for help with completing the form or contact your child’s school.

**Complete Section A in full**

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION A: CHILD & SCHOOL DETAILS** | | | |
| Surname |  | | |
| Forename(s) |  | | |
| Date of birth |  | | |
| Home address |  | | |
| Town |  | Postcode |  |
| **PARENT /CARER CONTACT DETAILS** | | | |
| Telephone number |  | Email address |  |
| **SCHOOL DETAILS** | | | |
| Start date (***or*** change date during session) for travel: | Name of school child will attend: | | Stage/year from start date: |

**Complete Section B *or* C only**

**Section B**

|  |  |
| --- | --- |
| **SECTION B – Application for assisted travel on Council statutory distance /safety grounds** | |
| Enter **x i**n this box against one category onlyas applicable: |  |
| Child’s catchment primary school is 2 miles or more than the statutory walking distance (by the shortest walking route. |  |
| Child’s catchment secondary school is 3 miles or more than the statutory walking distance (by the shortest walking route**).** |  |
| Child’s photo attached for bus pass – enter Y in the box |  |
| Child lives under 2 miles (primary) or 3 miles (secondary) from their catchment school but there is no reasonable safe route to/from school even when accompanied by an adult. |  |
| Please enter any additional information about your child’s travel needs below: | |

**Section C**

If your child’s circumstances are reflected in any of the undernoted list, mark the main category as shown. Section C applications are referred to the Travel Allocation Panel for assessment and decision.

|  |  |
| --- | --- |
| **SECTION C – Application for assisted travel on Council discretionary grounds** | |
| Enter **x i**n this box against the main category as applicable: |  |
| 1. Child attends their local or city-wide catchment school and has one, or a combination of the following, that requires a significantly modified learning environment and substantially affects their mobility to travel to/from school whatever the statutory distance between home and school.  * a pre-existing medical condition * a range of complex additional support needs * a disability |  |
| 1. There is no available place for the child at their catchment school andthe Council has provided an alternative suitable school that is further to travel than the statutory distance to the child’s catchment school ***or***   Child has been placed at an alternative school or another educational establishment assessed as necessary to meet the child’s needs |  |
| 1. The Council is acting as ‘parent’ for the child who currently lives outside the city area but attends an Edinburgh city school or alternatively located school |  |
| 1. The Council has relocated the family/ child temporarily to alternative accommodation and the child’s allocated school is beyond the statutory distance from the accommodation or there are Council recognised travel or safety issues (this includes children with asylum/refugee status). |  |
| 1. Child lives with a single parent who has a disability that prevents the parent from accompanying the child to/from school where necessary /has no family or other support to do so. |  |
| 1. Child attends an education establishment organised by the Council’s Additional Support for Learning Service (ASLS) and its location is outside the statutory walking distance to / from the child’s allocated catchment school. |  |
| 1. Other circumstances: (please refer to Section C of Guidance notes) |  |
| Please now enter full details of your child’s travel needs for the category selected in the space below (please refer to Guidance notes – Section C) | |

**Complete SECTION D (1) *or* D (2)**

|  |  |  |
| --- | --- | --- |
| **SECTION D: (APPLICATION SUBMISSION)** | | |
| **D (1) BY PARENT or CARER** | | |
| In providing my name below I agree to the Council using the information I have provided about the child / travel needs with relevant parties for the purpose of providing safe/ appropriate assisted travel where granted. | | |
| MY SURNAME: | | MY FORENAME: |
| My relationship to child | |  |
| Date of application: | | |
| ***or*** | | |
| **D (2) BY SCHOOL/ CHILD SOCIAL WORKER** | | |
| In providing my name below I confirm that I have asked the undernoted to assist me with completion for the assisted travel application form. I agree with its content and have been provided with a copy for my retention. I understand that as the child’s parent/carer I will receive correspondence on the outcome of this application.  I agree to the Council using the information provided about the child / travel needs with relevant parties for the purpose of providing safe and appropriate assisted travel, where granted. | | |
| PARENT/CARER SURNAME | PARENT/CARER FORENAME | |
| My relationship to child |  | |
| NAME OF COUNCIL OFFICER (assisting with form completion):  Post Title  Work Tel Number  Work email address |  | |
| Date of application: |  | |