

WARWICKSHIRE COUNTY COUNCIL

APPEAL AGAINST THE REFUSAL OF FREE TRANSPORT ASSISTANCE – STAGE ONE

PLEASE WRITE IN CAPITAL LETTERS USING **BLACK** INK

Child's Surname: ..... Boy:  Girl:   
Child's Forename(s): ..... Date of Birth: .....  
School to which transport is required: .....  
Does your child have a statement of special educational needs? Yes  No

Parent's/Guardian's Surname: ..... Initial(s): ..... Title: .....  
Tel (H): ..... Tel (M): .....  
Tel (W): ..... Email Address: .....

Current Address:  
.....  
.....  
.....  
.....  
Post Code: .....

New Address (if relevant):  
.....  
.....  
.....  
Post Code: .....  
Date of move: .....

**Reason for Appeal**  
Please indicate the grounds on which you are appealing:

The transport arrangements offered   
Entitlement   
Distance Measurement   
Route Safety   
Consideration of exceptional circumstances

**If your appeal is based on medical or disability grounds, you MUST submit evidence from a relevant medical professional that clearly supports your claim that the child (or parent/carer) cannot walk the distance required to get to school.**

