



## **Application for Home to School Travel Assistance for Pupils with Special Educational Needs & Disabilities (SEND)**

**Please read through this document carefully before completing the application form.  
Please complete the application form using BLOCK CAPITALS and black ink.**

### **Data Protection**

In accordance with the Data Protection Act 1998 the information you provide on this application form will only be used for school transport purposes.

### **What is Home to School Travel Assistance?**

For those who meet criteria Warwickshire County Council (WCC) is currently able to provide travel assistance for pupils with Special Educational Needs & Disabilities (SEND). This is primarily offered in the form of direct travel payments to enable a parent/carer to make their own arrangements for the pupil to get to and from school safely. Where this is not possible other variations of assistance may be provided by WCC e.g. a bus pass or private hire vehicle.

### **Pupils must meet the criteria below to qualify for assistance:**

- **The pupil is a Warwickshire resident**
- **The pupil holds an Education Health & Care Plan (EHCP) or is accessing a placement for continuous assessment such as;**
  - A designated speech and language unit
  - A specialist nursery
- **The pupil is attending the nearest qualifying school** (The nearest qualifying school is a qualifying school that provides education appropriate to the age, ability, and aptitude of the pupil, and taking into account the child's special educational needs. It will normally be the school in whose priority area the pupil resides (their 'catchment school'), unless otherwise stated by the SEND Assessment and Review Team)
- **Distance**  
EITHER
  - **The Pupil has been assessed (by a WCC Risk Assessor) as having mobility difficulties or health and safety issues related to a disability or special educational needs that makes it impractical to safely walk to school, even if accompanied.**OR
  - **The Pupil lives over the statutory walking distance from the school**

## **Extended Rights Criteria**

If your child is entitled to Free School Meals, or your family is in receipt of the maximum level of Working Tax Credit\*, free transport will normally be provided for;

- ✧ Children aged 8-11, attending the nearest qualifying school to home, provided it is more than two miles (by the shortest available walking route).
- ✧ Children aged 11-16, attending one of their three nearest qualifying schools, provided it is more than two miles (by the shortest available walking route), but not more than six miles (by motorised route) from their home.
- ✧ Children aged 11-16, attending the nearest qualifying school which accords with the parents' religion or belief, provided it is more than two miles (by the shortest available walking route), but not more than fifteen miles (by motorised route) from their home

Please indicate at the relevant point on the form whether you are in receipt of a qualifying benefit.

\*If you are in receipt of the Maximum Level of Working Tax Credit you must provide all pages of your most recent award notice with this application form

## **What Happens Next?**

If you believe your child qualifies for SEND school travel assistance please read and complete this application form and return it to [educationtransport@warwickshire.gov.uk](mailto:educationtransport@warwickshire.gov.uk)

Alternatively you can post your application to:

Warwickshire County Council  
Education Transport  
Saltisford Office Park  
Ansell Way  
Warwick  
Warwickshire  
CV34 4UL

Upon receipt of an application from a parent who considers that their child has mobility difficulties or health and safety issues related to a disability or special educational needs that makes it impractical to safely walk to school, even if accompanied, Warwickshire County Council will arrange for an assessment of their needs to determine whether transport assistance is necessary to facilitate access to school. The pupil's individual needs will be taken into consideration as well as the nature of the route to/from school. The pupil's EHCP may be used to obtain information about their specific needs.

Please be aware that travel assistance may take up to 15 working days to arrange.

If you require any assistance in completing this form or if you have any queries regarding the application please contact:

Education Transport on 01926 742929 (Opt.1) or [educationtransport@warwickshire.gov.uk](mailto:educationtransport@warwickshire.gov.uk)

For queries relating to transport arrangements please contact:

Specialist Transport on 01926 412929 (Option 3) or email [st@warwickshire.gov.uk](mailto:st@warwickshire.gov.uk)

## Application for Home to School Travel Assistance for Pupil's with Special Educational Needs & Disabilities (SEND)

### Pupil's Personal Information

Pupil's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male Female

Home Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

Name of Parent / Carer \_\_\_\_\_

WCC may pass on your details to an external transport provider. These details will only be used for transport purposes. By completing this form you confirm that you are in agreement with this.

### Transport Requirements

Place of Education \_\_\_\_\_

Address \_\_\_\_\_

If your child is attending a mainstream school, are you in receipt of;

Free School Meals? YES NO

Or, the Maximum Level of Working Tax Credit? YES NO

(If yes, please attach your most recent award notice to this form)

How often does your child travel to school? (Please provide times & start date below)

START DATE: \_\_\_\_\_

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

#### Which of the following applies?

☐ I am able to make arrangements for my child's travel to and from school and would like to be

considered for direct travel payments

I am unable to make travel arrangements for my child because;

- ☐ I do not have access to a suitable vehicle
  - ☐ My child is unable to walk to school
  - ☐ I have other children that attend different schools and I am required to transport them for the same times
  - ☐ Other (please explain below)
- 
- 

Would you like your child to be considered for Independent Travel Training (now or in the future?)

Yes

No

### Details of the Pupil's Special Needs

Please give all information as accurately as possible including any additional information that you think may be useful to us, extra space is provided on page 7 if required. If your child has been given a statement or EHCP then it may be helpful to use it to complete this section of the application form.

My child's area of need is;

- |  |   |
|--|---|
| <input type="checkbox"/> Speech, Language & Communication Difficulties | <input type="checkbox"/> Physical Difficulties        |
| <input type="checkbox"/> Visual Impairment                             | <input type="checkbox"/> Behaviour Difficulties       |
| <input type="checkbox"/> Autistic Spectrum Condition                   | <input type="checkbox"/> Hearing Impairment           |
| <input type="checkbox"/> Severe Learning Difficulties                  | <input type="checkbox"/> Mild Learning Difficulties   |
| <input type="checkbox"/> Moderate Learning Difficulties                | <input type="checkbox"/> Other (please specify below) |
- 

### Medical Needs

My child suffers from:

- |                                   |                                    |   |
|-----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Travel Sickness            |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Allergies | <input type="checkbox"/> Other (please state below) |
- 
- 

Are there any triggers that may affect your child's behaviour on the journey to / from school? (E.g. music, silence etc)

Yes ☐

No ☐

If yes, what are they and how are these managed? (E.g. distraction techniques, headphones, conversation etc.) Please continue on page 7 or a separate sheet if more space is needed.

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## Equipment

**In order to ensure that we provide the most appropriate transport for your child, we require details of any equipment they may need to travel with. Please provide as much detail as possible.**

Will your child be travelling in a child seat / booster seat?      Yes ☐      No ☐

If yes, please provide the make and model of the product below. **Please note that child / booster seats are not provided by the transport provider.**

Make \_\_\_\_\_ Model \_\_\_\_\_

Will your child be travelling with a wheelchair or buggy?      Yes ☐      No ☐

Is your child's wheelchair / buggy      Manual ☐      Electric ☐      Folding ☐

Will your child need to travel in their wheelchair / buggy?      Yes ☐      No ☐

Please provide further information about your child's wheelchair / buggy below;

Make \_\_\_\_\_ Model \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Has the wheelchair / buggy been crash tested?      Yes ☐      No ☐

**Please note that in some circumstances the local authority may need to send out an inspector to look at the wheelchair / buggy to assess whether it is safe to transport. You may be asked to provide proof of crash testing in the form of certification.**

Will your child need to travel with a walking frame?      Yes ☐      No ☐

Will this be required      Daily ☐      Weekly ☐

Please provide further information about your child's walking frame below;

Make \_\_\_\_\_ Model \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

Is your child's walking frame foldable?      Yes ☐      No ☐

Does your child need to travel using a restraint or harness?      Yes ☐      No ☐

Is your child oxygen dependant?      Yes ☐      No ☐

Is your child tube fed?      Yes ☐      No ☐

Does your child require suction?      Yes ☐      No ☐

Does your child need to carry any medication with them whilst travelling?      Yes ☐      No ☐

If yes, please give as much information as possible below;

**Please note that medication should be placed into your child's bag to be handed over by transport staff at school / home. Please be aware that medication cannot be administered by transport staff.**

\_\_\_\_\_

\_\_\_\_\_

## Parent / Carers Declaration

### **Part A - ONLY for pupils who are applying for transport**

As a parent/carers it is your responsibility to ensure your child reaches their designated pick up point safely and on time for school transport.

You will need to ensure that you or another responsible adult is present when the pupil is returned home. Failure to be present will result in the transport provider continuing with the route. They will return with your child once the other passengers have been taken home. If there is still no adult present your child will be taken to the nearest police station or social services office, any additional transport charges that are incurred due to this will be charged to you directly.

It is your responsibility to contact the transport provider as soon as possible if your child is going to be absent from school and will not require school transport. If your child becomes sick whilst at school, or is excluded it is your responsibility to collect him/her.

Whilst your child's needs are taken into account, if the transport provider experiences problems with their behaviour which raises concerns over the health and safety of others they reserve the right to refuse to transport your child. On such occasions, it is your responsibility to ensure that your child attends school. In this instance direct travel payments may be offered as an alternative. It would be your responsibility to pay for any costs incurred as a result of damage or vandalism caused to a school transport vehicle by your child.

### **Code of conduct for pupils who use school transport**

We need your help and co-operation to make sure that everyone stays safe and travels in comfort. The code of conduct can be found on page 9. If your child is able to understand please read the information carefully with him/her then sign below to confirm that you agree to it. Your child's special needs will always be taken into consideration.

I have read the code of conduct with my child and explained its importance. I understand that if transport is withdrawn because of unsafe behaviour or because my child fails to comply with the code of conduct, it will be my responsibility to get him/her to school.

**Please sign below to confirm that you agree to the WCC School Transport code of conduct;**

Parent / Carer \_\_\_\_\_

Pupil (If able) \_\_\_\_\_

Date \_\_\_\_\_

### **Part B - For all applicants**

I certify that the information given is true to the best of my knowledge. I understand that any false or deliberately misleading information given as part of this application may render the application invalid and could lead to the withdrawal of transport assistance. I agree to notify Warwickshire County Council of any change to my address, benefit entitlement or any other circumstances which may affect my transport eligibility. I will submit a new application form should there be any changes. Please sign below to confirm that you have read and understood the above.

Parent / Carer \_\_\_\_\_

Date \_\_\_\_\_

### Additional Information

Please use this space to record any additional information about your child which you feel is relevant.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**For Office Use Only**

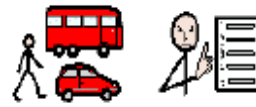
Authorised/Declined by \_\_\_\_\_

Input by \_\_\_\_\_

Record Number \_\_\_\_\_







## Travel Code



On school transport I will try to:



Be kind to everyone



Keep the vehicle clean and tidy



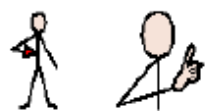
Set a good example



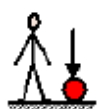
Tell my escort or driver if I am worried



about something



**I must:**



Wear my seatbelt and stay in my seat to



stay safe



Listen to the driver and escort to stay safe



**I must not:**



Eat or drink on the vehicle



Take anything dangerous on the vehicle



Damage the vehicle