



Application for Transport Arrangements for Children & Young Persons with Additional Support Needs

Please read Guidance Notes before completing form

Primary pupils living more than 2 miles by the shortest available route and Secondary pupils living more than 3 miles, by the shortest available route, from their designated school will be entitled to free school transport. Pupils who live within the mileage distance will be, depending on their additional support needs, considered for free school transport.

- 1 Perth & Kinross Council will seek to provide the most appropriate transport consistent with needs and capabilities of the pupil and the available resources.
- 2 The decision as to the transport to be provided will be made on the basis of the information held by Education & Children's Services and the School Medical Officer and on the information you provide about the pupil.
- 3 Please complete the form in black ink using **BLOCK CAPITALS**.
- 4 A separate form must be completed for each pupil.
- 5 The completed form should be returned via the pupil's school or direct to, for consideration to:

**Jennifer Cooper, Education and Children's Services
Perth and Kinross Council, Pullar House, 35 Kinnoull Street, Perth, PH1 5GD**

- 6 If the application is approved by Education & Children's Services, the transport arrangements will be made by the Public Transport Unit, Roads, Transport and Architectural Services. This may take up to 5 working days once the Public Transport Unit has received your application form from Education & Children's Services.
- 7 The Public Transport Unit will notify parents/guardians in writing of the pupils transport arrangements.
- 8 The transport application for the pupil specified overleaf will remain valid throughout the school year whilst circumstances remain unaltered. **If circumstances change, for example the pupil moves home address or changes school, a new application is required to be completed or transport will be cancelled.**
- 10 Any queries with regard to the pupil's entitlement to Free School Transport should be made to the appropriate Education & Children's Services Division:

ASN Transport Tel 01738 476280
Mainstream Transport Tel 01738 476344

- 11 The information contained on this application may be used to produce a 'Pupil Profile' sheet for your child, which will be issued to transport operators prior to your child's transport commencing. If you do not wish specific details from the application form to be divulged to a third party, please clearly indicate this on Section 5 of the form.

Data Protection Act 1998 – In terms of the Data Protection Act 1998, you are entitled to know what personal data information Perth & Kinross Council hold about you for a fee. Application should be made to the Director of Education & Children's Services, Pullar House, 31 Kinnoull Street, Perth, PH1 5GD

Section 1 – Pupil Details

Surname _____

Forename(s) _____ Date of Birth _____

Home Address _____

Postcode _____ Telephone No. (include STD code) _____

E-Mail Address _____

Name and address of school to be attended _____

Class the pupil will be in when transport commences (please circle appropriate box)

| | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|
| P1 | P2 | P3 | P4 | P5 | P6 | P7 | S1 | S2 | S3 | S4 | S5 | S6 |
|----|----|----|----|----|----|----|----|----|----|----|----|----|

Approximate distance from home to school Miles

Section 2 – General Details

Is transport from the first school day in August? Yes No

If No, please state when transport is to commence _____

Attendance at school (please tick the appropriate box)

Daily (part-time) Daily (full-time) Weekly Boarder Fortnightly Boarder Term Boarder

If other, please specify _____

Hours of attendance at the school

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|--------|-----|------|-----|-------|-----|-----|-----|
| Start | | | | | | | |
| Finish | | | | | | | |

For Boarders, please indicate actual dates and times when transport is required:

Has the pupil previously received school transport from Perth & Kinross Council? Yes No

Section 3 – Specialist Transport Requirements

What is the pupil's disability or illness? _____

Walking Ability

Does the pupil have difficulty in walking? **Yes** **No**

Does the pupil have difficulty in climbing up/down steps? **Yes** **No**

If yes, please write what the difficulty is and highlight the type of problem experienced:

Walking Aids

Does the pupil use walking aids or crutches? **Yes** **No**

Wheelchair Use

Does the pupil use a wheelchair? **Yes** **No**

If yes, please provide details about the type of wheelchair used (manual/electric, size etc):

Can the pupil transfer to and from the wheelchair to a seat? **Yes** **No**

If yes 1 What level of assistance is required to help the pupil transfer to a seat?

2 Does the pupil's wheelchair have to be conveyed to/from school?

Section 3 (continued)

Visual Impairment

Does the pupil have a visual impairment?

Yes

No

If yes, could you please detail the nature of the impairment and whether it will have specific implications for the transport that may be provided?

Epilepsy/Seizures, Faints

Does the pupil suffer from epileptic attacks or another similar condition?

Yes

No

If yes, could you please detail the nature of the impairment and whether it will have specific implications for the transport that may be provided?

Seating Requirements

When travelling in a vehicle does the pupil require to use either a special seat or a booster cushion?

Yes

No

If yes 1 Please specify the type of seat/booster cushion (if known)

2 The reason why a special seat/booster cushion is required

3 Indicate height of pupil _____ Weight _____

Does the pupil require the use of a specialised harness/restraint system?

Yes

No

1 Please specify the type of special harness/restraint required (if known)

Section 3 (continued)

2 The reason why a harness/restraint is required

Head Restraints and Other Specialist Equipment

Does the pupil require a head restraint or other specialist equipment? Yes No

If yes, please provide details? _____

Medication

Does the pupil need medicines regularly? Yes No

If yes, please make a list of these here -

| Medication | Dose | Time Between Doses |
|------------|-------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Might the pupil need a dose of the medication during the journey?
(eg the pupil has a seizure) Yes No

If yes, write clearly here -

Name of Medication _____

The Dose _____

The way it is given (eg by mouth, injection etc) _____

The time allowed between doses _____

Supervision Requirements Whilst Travelling To/From School

- (a) Can the pupil mix unsupervised with other children or adults? Yes No
- (b) Does the pupil require supervision in a small group? Yes No
- (c) Does the pupil require one to one supervision? Yes No
- (d) Does the pupil show difficult behaviours sometimes? Yes No

Section 3 (continued)

If yes to question above, please supply more details -

Section 4 – Respite Care

Does the pupil have a respite care arrangement?

Yes No

If yes, please provide details (*name, address, dates and times*)

Section 5 – Other Relevant Information

If there is any other information you consider may assist in arranging the pupil transport arrangements, please detail here or on a separate sheet.

Section 6 – Declaration

I hereby certify that, to the best of my knowledge and belief, the answers I have given to the foregoing questions are correct.

Signature of Parent or Guardian _____

Print Name _____ **Date** _____

Education & Children's Services Office Use Only

Form received by Education & Children's Services on _____

Any supporting information? Yes No

Comments

Application Status

Transport: Approved Refused Reason _____

Escort: Approved Refused Reason _____

Transport end date _____ (if applicable) Initials _____

Support for Learning Medical Special Needs

Public Transport Unit

Form received by Public Transport Unit on _____ Pupil Number _____

| Code No | Pick-up Point | Drop-off Point | Category | Pupil List(s) | | | | |
|---------|---------------|----------------|--|---------------|--|--|--|-------|
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Contract/Service Note(s) _____

Equipment Used

School List Entry Date _____ Date Pass/Letter Sent _____