



Supplementary Application Form for SCHOOL TRANSPORT

The supplementary application form should be completed in conjunction with a School Transport Application (Form ST01)

Section 1 – Pupil Details

Surname _____

Forename(s) _____ Date of Birth _____

Name of school to be attended _____

Section 2 – Attendance Details

Attendance at school *(please tick the appropriate box)*

Daily (part-time) Daily (full-time)

If other, please specify (i.e. Weekly Boarder) _____

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:

Section 3 – Transport Requirements

What is the pupil's disability and/or mobility issue (Including Visual Impairment)?

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:

Section 3 – Transport Requirements (continued)

Walking Aids/Wheelchair Use

Does the pupil use walking aids or crutches?

Yes No

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/from a wheelchair to a seat in a vehicle?

Yes No

If yes, what level of assistance is required?

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

Yes No

Visual Impairment

If the pupil has a Visual Impairment 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, booster cushion or harness?

Yes No

If yes, please specify the type of seat, booster cushion or harness (if known).

Please indicate Pupil Height: _____ Weight

Section 3 – Transport Requirements (continued)

National Entitlement Card/Bus Travel

Has the pupil been issued with a National Entitlement Card (NEC) for free bus travel?

Yes No

If yes, please indicate the type of NEC issued?

C C+1

Would the pupil be able to use a public bus service to travel to/from school?

Yes No

Would the pupil be able to use a non-public bus service to travel to/from school?

Yes No

If no to either of the above, please supply supporting information?

Medication

Does the pupil need medicines regularly?

Yes No

Only on rare occasions will the Council provide a trained escort to administer medication on a journey to/from school. If you consider that this is a requirement for your child please provide details below.

Please note that on no account will a driver/escort administer medication to a pupil unless they have received written instructions, and appropriate training from an authorised member of school staff/health professional.

Medication will be conveyed (in its original packaging and properly labelled) between a pupils home and his/her school ensuring that they are passed directly to an authorised member of staff

Section 4 – Supervision Requirements Whilst Travelling To/From School

Does the pupil require one to one supervision in the vehicle?

Yes No

Can the pupil show difficult behaviours whilst in the vehicle?

Yes No

If yes to either of the above questions, please provide details:

Can the pupil mix unsupervised with other children or adults?

Yes No

If no, please provide details:

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 _____ **Date** _____

For ECS Use Only

Form received by Education & Children's Services on: _____

Based on the information provided, please provide supporting information to determine the supervision provision for the pupil while on home to school transport:

Escort: **Approved** **Refused**

Name of Approving Officer _____

Signature _____ **Date** _____

Public Transport Unit Use Only

Form received by Public Transport Unit on: _____

Contract/Service Note(s)

Equipment Used _____