

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING FORM

Dundee City Council, with its Community Planning partner, shares a vision that all children and young people will be safe, enjoy good health and have access to a wide range of experiences and opportunities to achieve their potential.

Parents and carers have a responsibility to ensure that their child/young person attends school including providing their required travel arrangements.

Dundee City Council may however, provide travel assistance for eligible school aged children/young person who meet the distance criteria, and who have additional support needs that prevent them from travelling accompanied as necessary.

Authorised travel assistance may be provided in a number of forms as determined by Dundee City Council in accordance with the Travel Assistance Policy;

- Escorted Walking
- Escorted / non escorted transport by local bus service
- Parental Contract
- Escorted / non escorted Minibus (wheelchair accessible where necessary)
- Escorted / non escorted Taxi (wheelchair accessible where necessary)

In order for an appropriate assessment of your child's needs is carried out please complete all sections of the form and ensure the completed document is returned to the address below by 16 February 2018. If the document is not completed and returned by the due date this may delay assessing the application form.

The completed form should be returned to:

Children and Families Service
Floor 2
50 North Lindsay Street
DUNDEE
DD1 1NL

or emailed to: educationhometoschooltransport@dundee.gov.uk

Section 1: Personal details

Child/ young person details

Surname

Forename

Known As

Male

Female

Date of Birth (please use the format Day/Month/Year)

Home address (Full address including postcode)

Postcode

Date moved to this address (please use the format Day/Month/year)

Primary Parent/ Carer details

Title (please tick)

Mr

Mrs

Miss

Ms

Other

Surname

Forename

Known As

Parent or Carers principal home address (Full address including postcode)

If home address is the same as the child/young person principal home address write: "As Above"

Postcode

Email (one character per box)

Daytime Telephone Number

Alternative Telephone Number

Relationship to child/ young person (please tick)

Mother

Father

Other (please specify)

Emergency contact (Your emergency contact must be someone other than yourself, who lives in Dundee City boundaries)

Emergency contact name (Other than primary contact details)

Daytime Telephone number

Address (Full address including postcode)

Relationship to child/young person

Section 2: Educational Establishment

Please give the full name of the School your child/young person will be attending

Estimated mileage distance to the attending school

Telephone Number

Date of your child/ young person admission to the school (please use the format Day/Month/ Year)

Please state the school year your child/ young person will be in should your travel assistance application be authorised (Please tick)

P1	P2	P3	P4	P5	P6	P7	S1	S2	S3	S4	S5	S6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick all that is applicable.

Is this your child/ young person's first enrolment at Dundee City Council school? Yes No

Is this the nearest school of its type to your home address? Yes No

If no, did you apply for a place at your catchment school Yes No

Please give a reason why your child/young person is attending this school

- Parent/Carer placing request
- Catchment
- Religious / Denomination
- Placement by Children and Families Service
- Other (Please give details, providing evidence where appropriate)

The Journey (Current School)

Could your child/young person travel to school by any of the following means: (please fill each box Y or N)

Walk unaccompanied Walk accompanied Bus Parent drives Family friend/carer drives

If no, please give a reason

Section 3: Children/young person with Additional Support Needs and/ or medical conditions

Please give reason why you are requesting assistance with travel

Do any other siblings/children who are residing at the principal home address attend school

Yes

No

If Yes, how many

What is the age of this child?

Name of child

Which school do they currently attend?

What is the age of this child?

Name of child

Which school do they currently attend?

What is the age of this child?

Name of child

Which school do they currently attend?

Please explain why you or a responsible person prevents you accompanying your child / Young person to school.

Do you or your partner have work commitments that prevent you from taking your child to school?

Yes

No

Can another adult take your child / young person to school

Yes

No

Section 4: Children/young person with Additional Support Needs and/ or medical conditions continued

If no, please explain why (note: Parent/carers may find difficulty in taking children with ASN to school when they have other siblings to take to other schools. The difficulty is acknowledged but travel assistance cannot be provided unless the child with ASN is already eligible for travel assistance based upon mileage and need criteria. Parents should discuss with the school whether siblings could be taken to school earlier or be accompanied by a nominated friend/family member. Parents are expected to explore all options before applying for travel assistance.)

If you have work commitments, who is at home to support your child with travel assistance

Has your child/ young person of secondary school age received independent travel training?

Yes

No

If no, please explain why

If your child/ young person is of secondary age would you consent to them receiving independent travel training?

Yes

No

If no, please explain why?

Please tell us about your child / young person's needs. Does your child / young person have any of the following?

Complex Learning Needs	
Communication Needs	
Physical and neurological difficulties	
Visual impairment	

Autism	
Deaf/Hearing Impairments	
Medical	
Epilepsy	

Other:	
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Section 4 (cont): Children/young person with Additional Support Needs and/ or medical conditions continued

Please describe how this affects them when travelling. Please include as much detail. (Note: "Travelling" includes walking, accompanied as appropriate, use of public transport, travelling with parent/carer in a private vehicle)

Does your child / young person have any medical conditions that affect their mobility?

Yes

No

If yes, please provide a description

If no, please explain what prevents the child being taken to/from school by a parent/carer

Section 5: Family Circumstances

Family circumstances form an important part of the council identifying the most suitable and appropriate means of authorised travel assistance that represents best value and supports a sustainable solution. Please answer the following questions as part of **all** applications for travel assistance.

	YES	NO
Does your child/young person have a child's plan?		
Do you or your partner have a car?		
Do you or your partner have a car that could be used to take your child to/from school?		
Do you have a Motability vehicle for your child?		

Office use only- request authorisation

This section of the form is to be completed by an officer from Children and Families Service

Form received by: _____

Date: _____

Transport _____

Approved: _____

Refused: _____

Comments:

3.1.3	3.1.4	3.1.7	3.1.8	3.1.9	3.2.1	3.3

Escort: _____

Approved _____

Refused _____

Comments

Signature of authorising officer _____

Date _____

Print name _____

Decision date _____

Review date _____