

## SCHOOL TRANSPORT REVIEW FORM

Please complete fully using block letters on this page and complete in black ink or type.

### Child and Parent Details:

<b>Name of Child:</b>	
<b>Child's Date of Birth:</b>	
<b>Address:</b>	
<b>Postcode:</b>	
<b>Full Name of Parent or Carer:</b>	
<b>Parent Carer Telephone Number (Day):</b>	
<b>Parent Carer Telephone Number (Evening):</b>	
<b>Parent Carer Telephone Number (Mobile):</b>	
<b>Parent Carer Email Address:</b>	
<b>Does your child have an Education, Health, and Care Plan (EHCP)?</b>	
<b>School to which transport is requested?</b>	
<b>Date started or due to start at the above school?</b>	
<b>Please list other schools attended (if any):</b>	

### Details of other child family members (e.g., Brothers and Sisters):

Name:	Date of Birth:	School / College Attended:

**Other Adults That Live In The Household:**

<b>Name of Adult (1):</b>	
<b>Relationship to Child:</b>	

<b>Name of Adult (2):</b>	
<b>Relationship to Child:</b>	

<b>Name of Adult (3):</b>	
<b>Relationship to Child:</b>	

<b>Name of Adult (4):</b>	
<b>Relationship to Child:</b>	

<b>Please explain how your child currently travels to school:</b>

<p><b>Is the transport assistance required due to a medical condition?</b></p> <p><b>If YES – Evidence must be provided from a medical professional to confirm any medical issues and how these impact you or your child and their ability to get to school.</b> A letter from a GP detailing only what has been reported to them by the patient would not usually be considered sufficient.</p> <p><b>Please note:</b> Support for medical assistance is assessed on an annual basis.</p>	<table border="0"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No
	Yes	No	

<b>OFFICE USE ONLY:</b> <b>Medical Evidence Received?</b>	Yes	No
<b>OFFICE USE ONLY:</b> <b>Date Requested:</b>		

**Other Agencies Involved Supporting Child/Family:**

<b>Organisation:</b>	<b>Contact Name:</b>	<b>Telephone Number:</b>

**Please note:**

- Financial circumstances or normal parental working arrangements will not usually, by themselves, be regarded as exceptional family circumstances.
- Where the parent / carer is unable to accompany the child, then the Authority will consider the availability of immediate family members, friends and neighbours, and the provision of any other assistance or benefit to the family.
- Ensure you have included details of any other agency involvement e.g., social care, housing, etc.

**To enable consideration, you must supply relevant third-party documentation to support the information you provide.**

**Please give full details of why transport assistance is required (grounds for this review):**  
(Continue on a separate page and attach if required)

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**I understand the authority may seek advice and information relating to my request from other departments or agencies, including schools, prior to any review.**

<b>Applicant Name:</b>	<b>Applicant Signature:</b>	<b>Date:</b>

Privacy Notice: The information you release to us will be used for transport related purposes and may be shared, [as the law allows](#), with partner organisations. Further details on the Authority's Data Privacy policies and those of partner organisations can be found on the Derbyshire County Council Website [www.derbyshire.gov.uk/privacynotices](http://www.derbyshire.gov.uk/privacynotices), or a hard copy can be provided on request.

**Please return this completed 'Transport Review Form', including supporting evidence:**

**BY EMAIL:**

[admissions.transport@derbyshire.gov.uk](mailto:admissions.transport@derbyshire.gov.uk)

**BY POST:**

Derbyshire County Council, School Admissions and Transport Team, The Quad, Dock Walk,  
Chesterfield, S49 1HQ