

# Central Bedfordshire Council

## Schools Transport Review Form

### Mainstream and Special Educational Needs



Please return this form to the:

**School Transport**  
**Central Bedfordshire Council**  
**Priory House**  
**Monks Walk**  
**Shefford**  
**SG17 5TQ**

Or [school.transport@centralbedfordshire.gov.uk](mailto:school.transport@centralbedfordshire.gov.uk)

Please note: email is not secure. We strongly recommend you encrypt the form before sending it via email. Please ensure you send us the encryption password on a separate email, so the form and password are not sent together.

**THIS FORM IS DESIGNED TO HELP DETERMINE THE MOST SUITABLE MEANS OF FACILITATING THE PUPILS' ATTENDANCE AT SCHOOL**

- Please complete **ALL** sections of this form
- Your appeal will be considered in light of councils current policy on school transport – it is advisable to read the policy before making any appeal:  
<http://www.centralbedfordshire.gov.uk/learning/schools/travel-to-school/school-travel.aspx>
- If your reason for appeal is medical or health condition of you or your child, then written evidence from your doctor or hospital will be required.
- If you wish to appeal against safety of the walking route to school, a professional assessment will have to be made, before a decision can be made on your appeal.
- If you are appealing on the grounds that you do not agree with the school named in your child's EHCP this should be done through the SEND Tribunal Process.
- If the named school in your child's EHCP is not the nearest one to meet your child's needs but is down to parental preference, then you are responsible for transporting your child to school, this will have been agreed with you at the time the place was offered and cannot be challenged through this process.

#### 1. PUPIL DETAILS

|   |                |       |         |
|---|----------------|-------|---------|
| Name of Pupil:                              | Date of Birth: | Male: | Female: |
| Home Address of Pupil (including postcode): |                |       |         |

#### 2. NT 2. PARENT/CARER DETAILS:

| Contact Name | Telephone Numbers | e-mail address |
|--------------|-------------------|----------------|
|              |                   |                |
|              |                   |                |

#### 3. SCHOOL DETAILS

|                 |                    |
|-----------------|--------------------|
| Name of School: | School Year Group: |
|-----------------|--------------------|

#### 4. MEDICAL NEEDS

Please describe any specific medical needs of the pupil or parent that support this appeal for transport:

#### 5. REASONS FOR APPEAL

You should state your reasons for appealing below. You may attach additional sheets. You should also send copies of any documentation you wish to include in support of your appeal. Please note it is important that you include all information you wish to be considered with this form.

|                                       |
|---------------------------------------|
|                                       |
| <b>6. DATE AND SIGNATURE</b>          |
| <b>Date initial application made:</b> |
| <b>Date Appeal made:</b>              |
| <b>Signed:</b>                        |