|  |
| --- |
| **Home to School Transport** |
| **Travel Exceptions and Appeals application**  |

**Home to School Travel Exceptions and Appeals**

Milton Keynes Council has a statutory duty to provide free transport support to eligible children. Full details of the Home to School Transport Policy can be found at [www.milton-keynes.gov.uk](http://www.milton-keynes.gov.uk) in the school transport section of the website. Attendance at a Special School or an Alternative Education Provision does not automatically entitle a child to transport support. If a child is eligable for support our default offer is a bus pass to use on public transport.

It is however possible to apply for transport support on exceptional grounds.  These cases are considered on an individual basis, by the Council’s Travel Exceptions and Appeals (TEA) panel.  The panel’s terms of reference can be found here - [TEA Terms of Reference (PDF, 263KB). (PDF, 260KB)](https://www.milton-keynes.gov.uk/assets/attach/56111/TEA%20Panel%20Terms%20of%20Reference%20July%202018.pdf). We will consider a variety of options for provision at the TEA panel including a Child and Adult Bus Pass, Mileage, Family Led Travel Budget, Shared Transport and Independent Travel Training.

If you believe that your child qualifies under exceptional circumstances then please fill out this form. Please note that it is important that as much information as possible is provided and that all relevant sections of this form are filled out and any associated documents are attached as the panel can only make a decision based on the information provided.

If the transport support agreed for your child is in the form of a taxi or a minibus please be advised that throughout your child’s eligibility the provider of the transport may change which may also mean that pick up/drop off times may also vary.

**There are three circumstances in which an application to panel can be made. Please tick which reason applies to your application.**

**A** I do not believe that the home to school travel policy has been correctly

 applied

**B** I believe that the home to school travel policy has been correctly applied

but my child/family’s needs are exceptional

**C** I have been offered home to school travel support but I do not believe

the way in which it is provided is appropriate for my child’s needs

**Section 1 - Please use this section to explain your reasons for applying for school transport through the Travel Exceptions and Appeals panel**

|  |
| --- |
|  |

**Section 2:**

**Pupil details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s First Name: | Surname: | Date of Birth: | Height (if child is under 13 years): |
| Name of school child is/will attend: | Anticipated start date: |
| Is your child on a speciifc timetable? If so, please state the days & times they attend school |
| Does the child use and travel in a wheelchair\*? Yes NoIf yes please state make and model of the wheelchair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does the child sit in the wheelchair while travelling? Yes NoIf yes please state the make and model of the wheelchair\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does the child travel with any other equipment (e.g. folding wheelchair, frame, oyxgen)? Yes NoIf yes please state make and model of equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does the child travel with any medication? Yes NoIf yes please state medication used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does the child have a diagnosis of epilepsy? Yes No  Frequency of episodes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does the child have an epilepsy/Education Health/medical care plan? Yes No  **\*It is the parents responsiblity to ensure that wheelchairs meet the required standards for transportation in a vehicle** |
| Name of Social Worker (if applicable): |

**Section 3:**

 **Family details:** Please give details of all adults (over 18) who live at the home address:

**First Adult:**

|  |  |  |  |
| --- | --- | --- | --- |
| Mr / Mrs / Miss / Ms (please circle) First Name: | Surname: | Date of Birth: | Relationship to child: |
| Home Address:Postcode:  |
| Mobile phone number: |
| Home number: |
| Email  |
| Do you have parental responsibility for this child? Yes No |
| Do you drive? Yes No  |
| Do you have access to a vehicle to be able to take this child to school? Yes No  |
| Mileage payments are an option for parents who can and would like to drive there children to and from school.Please state if you would consider Mileage for your child and if not, your reasons why?Family Led Travel Budget (FLTB) payments are considered an option for provision. FLTB is a payment provided to parents or carers to facilitate any arrangements for home to school travel in order to ensure attendance and access to education. It allows families to make flexible arrangements and monitor the quality of transport directly.Please state if you would consider FLTB for your child and if not, your reasons why? |
| Is there another adult in the household or family or friends who can take your child to school |
| Do you have to get other children to school? Yes No  |
|  Name Age SchoolNames and ages of these other children and the school they attend: |
| Are there any other children in the household Yes No |
| Do you work? Yes No |
| If so how do you travel to work  |
| Do you work full time or part time, and what are the work start and end times |
| Emergency Contact Name and Number:(Name of person we can contact in case of emergencyif parent/carer cannot be contacted) |
| If you have only completed the first adult box are you a lone parent/carer? Yes No |

**Second Adult**:

|  |  |  |  |
| --- | --- | --- | --- |
| Mr / Mrs / Miss / Ms (please circle) First Name: | Surname: | Date of Birth: | Relationship to child: |
| Mobile phone number: |
| Email (optional): |
| Do you have parental responsibility for this child? Yes No |
| Do you drive? Yes No  |
| Do you have access to a vehicle to be able to take this child to school? Yes No  |
| Do you work? Yes No |
| If so how do you travel to work  |
| Do you work full time or part time, and what are the work start and end times |
|  |
| Do you fulfil the school transport criteria for low income families or are you in receipt of the maximum level of Working Tax Credit? Yes No(If yes, you must supply a copy of your current benefit paperwork) |

**Section 4**

 **Needs of the child:**

|  |
| --- |
| Description of Special Needs / Disability e.g. Autism, Cerebral Palsy, Behavioural Issues and an explanation of how they impact on your child’s ability to walk to school or to use public buses? |
| Medical Needs/Emergency Procedures e.g. diabetic, epileptic. Please attach copy of Medical/Health Care Plan/ emergency procedures if one is in plac |
| Any Additional Information (Please use this section to include any other information you wish to provide as part of your application) |
| By ticking this box  and submitting an application you are consenting for the information about the child/children in question and any subsequent information provided to be shared with any relevant parties in line with the General Data Protection Regulation (GDPR) and the Data Protection Act 1998 in order for the provision to be arranged appropriately if eligible for transport support. The data collected on this form will be used for its intended purpose which is the successful and safe delivery of transportation for your child. We will be unable to process your application without your consent. For more information on data protection please refer to <https://www.milton-keynes.gov.uk/your-council-and-elections/council-information-and-accounts/council-information-and-the-law/accessing-your-rights-under-data-protection> **By signing below :*** confirm that should I move home, my contact details change or my childs circumstances change, including a change in school placement, I will notify Milton Keynes Council in writing immediately
* confirm that the information I have given is to my knowledge true and correct
* consent to the information on this form being shared with all relevant professionals who are involved with the transportation of my child where appropriate

**Parent / Carer Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please check that all questions are answered as blank answers will delay your application. The completed form should be emailed to: HTST@milton-keynes.gov.uk or Posted to: Education Sufficiency and Access, Milton Keynes Council, Civic, 1 Saxon Gate East, Milton Keynes MK9 3EJ.

|  |
| --- |
| **Checklist** |
| If you are eligible under the low income criteria for transport, a copy of your benefits letter is attached |  |
| Your child’s height has been provided (if under 13 years old). |  |