Request for Home to School Travel Assistance | Referral Form

This form is for parents and carers requesting assistance with home to school travel. Before you complete this form please read the Home to School Travel Assistance Policy ([PDF Link](https://search3.openobjects.com/mediamanager/lbhf/fis/files/htsta_pol_-_may_19_v15_lbhf__1.pdf)).

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| **PUPIL INFORMATION** |
| Child’s Full Name: |       | **D.O.B:** |       |
| Home Address: |       | **Gender:** | [ ] M | [ ] F |
| **PARENT/CARER INFORMATION & EMERGENCY CONTACT** |
| **Name:** |       | **Emergency Contact:** |       |

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| **Relationship to child:** |       | **Relationship to child?** | Relative? Friend? Professional? |
| **Tel No:** |       | **Emergency Tel No.** |       |
| **Email:** |       |
| **Parking:** |  Where can the vehicle stop? On the road, outside property or nearby.. |
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| **SETTING INFORMATION** |
| Name of setting: |       |
| Setting Address: |       |
| **Telephone Number:** |       | **Main Contact:** | Key Staff name / SENCo |
| **Start Time:** |       | **Finish Time:** |       |
| **When will travel assistance be required?** |
| [ ]  **Everyday** | [ ]  **Mornings** | [ ]  **Afternoons** |
| Use here to add more information for when Travel assistance is required.. |

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| **Date Travel assistance requested from?** | Click or tap to enter a date. |

The information below will form the basis of a pen portrait for your child which where applicable transport crews will use to ensure your child is supported appropriately.

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| **YOUR CHILD’S NEEDS** |

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| **Diagnosis / Disability** |       |
| **Medical needs** | (include details of any allergies, asthma, epilepsy, recent operation or other needs) |
| **Does your child have an Individual Health Care Plan to support access to learning?**  | [ ] YES (please attach a copy with this request) | [ ] NO |
| **Will your child travel with medication?**  | [ ] YES If yes, please include details of the medication otherwise leave this blank |
| **Please describe the child’s Level of mobility and if necessary, equipment.**  | Equipment: wheelchair, walker | Assist: hand-held on steps | Independence: able to sit on vehicle seat with support  |
| **Please describe the child’s communication.**   | Example: Verbal. Engages well and uses short sentences to communicate. May require repetition or time to processVerbal / non-verbal / both-uses single words, gestures i.e. point, is quiet /chatty-responds to pictures/sentences and extra time to process |
| **How can the crew best support your child when they are travelling?** (Please include as much information as possible as to what the can crew do to help your child have a positive journey) | - i.e. may cry or wriggle in seat.- A likes to hold favorite toy / crew’s hand.- Enjoys singing favorite song and understanding what is happening next e.g. we are arriving at school next.- Or prefers own space but likes to talk about football. - Likes verbal reassurance.   |
| **Awareness of danger? Please Describe** | - Walks sensibly next to an adult- Likely to run out on to the road- Understands traffic lights - Easily distracted, not looking   |
| **Can child fasten or unfasten their own seatbelt?** | [ ] YES  | [ ] NO |
| **Does your child travel independently in any scenario?**  | i.e. walk to corner shop or meet with friends on their own |
| **Is your child independent to enter the property by themselves?** |       |
| **Has your child received any travel training with the school?**  | i.e. trip to coffee shops, grocery shops etc |

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| **WHY ARE YOU APPLY FOR TRAVEL ASSISTANCE?** |
| Please tell us why you are applying for travel assistance. Please refer to the Travel Assistance Policy for more information. Please include the following:* If you or your partner have a disability or condition which means you are unable to accompany your child to school? If yes, please provide more information about this.
* Reasons why your child cannot travel independently

Any other reason that you feel relevant |

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| Supporting Evidence:  | Please list any supporting evidence you have enclosed with this request.      |

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| **FURTHER INFORMATION** |
| **Is the child or young person entitled to free school meals or do you receive the maximum level of working tax credit?** |       |
| **Please provide here any other information that you feel is relevant to your child’s application** |       |

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| **DECLARATION** |
| **I confirm that the information provided is accurate to the best of my knowledge** |
| **Completed By:**  |       | **Date:** | Click or tap to enter a date. |
| **Signature:** |       |
| The personal information contained within this form is provided in order to arrange travel assistance for your child. We have a duty to protect the information you have provided to us on this form under the Data Protection Act 2018 to ensure it is kept confidentially. The information will be stored securely both on paper and electronically and will only be shared for purposes relating to travel assistance, including sharing with a third-party organisation for service provision. It will not be shared further with anyone else without your knowledge unless we are required to do so by law.  |