

SCHOOL TRANSPORT APPEAL FORM



**WOKINGHAM
BOROUGH COUNCIL**

Please ensure that you:

- 1. Read the accompanying school transport appeal hearing process guidelines,*
- 2. Read the notes at the bottom of this form before completing it*
- 3. Sign the form and return it promptly to*

**School Transport Appeals
Transport Procurement and Operations Manager
Corporate Transport Unit
Wokingham Borough Council
Shute End
Wokingham
RG40 1BN**

 SchoolTransportAppeals@wokingham.gov.uk

HOME TO SCHOOL / COLLEGE TRANSPORT APPEAL

Pupil's Surname

First Names(s)

Name of School / College

Date of Birth

Full Postal Address incl postcode

Parent's / Guardian's Name

Relationship to Pupil

Current Address incl postcode

Phone Number

Home

Work

GROUNDS / REASONS FOR SUBMITTING THE APPEAL (please tick boxes)

- | | |
|--|--------------------------|
| 1) The appropriate walking route to school exceeds the statutory two or three miles distance (see note 3) | <input type="checkbox"/> |
| 2) The appropriate walking route is unsafe for a child accompanied by an adult (see note 4) | <input type="checkbox"/> |
| 3) The school was the nearest suitable school with a place available, or is the designated area school for my home address | <input type="checkbox"/> |
| 4) My child has medical or other special needs that mean travel assistance is needed (see notes 2 and 5) | <input type="checkbox"/> |
| 5) Other (see below) | <input type="checkbox"/> |

Details of appeal:

You may attach any additional sheets to this form.

Cases will only be referred to the full Transport Appeals Panel where there are sufficient grounds for the Panel to consider. It is therefore important that you explain as clearly as you can the reasons why you are asking the Council to provide assistance with your child's travel to school.

Any letters you have already sent concerning your appeal will also be considered, but please note that, if your case is referred to the full Transport Appeals Panel, Panel members will have no prior knowledge of your circumstances.

Continue on a separate sheet if necessary

Notes to assist with completing the form

- 1 Your appeal will be considered in the light of the Borough Council's stated policies on Home to School transport:
 - a) **First Stage** – Appeal forms are initially reviewed by a Panel of three Officers. Those appeals that are outside of the published criteria and/or are simply disagreeing with the decision without providing evidence to support a case will not proceed to Stage Two, and the parents will be notified. Parents will still have an option to make a referral to the Local Government Ombudsman, who may be able to investigate their complaint further.
 - b) **Second Stage** – Formal Transport Appeal Hearing heard by School Transport Appeals Panel. The quorum for this Panel would be three elected members appointed to the Panel.
- 2 If your reason for the appeal is the medical or health condition of you or your child, it may be helpful to your case if you were able to provide written evidence from your doctor or hospital.
- 3 If you wish to appeal against the length of the walking route to school, officers will review the route and measurement (this is taken from your home gate to any school entrance using the shortest safe walking route).
- 4 If you wish to appeal against the safety of the walking route to school, officers will, where deemed necessary, seek a professional and independent assessment of the route.
- 5 Please explain if your child has special needs that will affect her/his travel to school.
- 6 Please tell us if your child is eligible for Free School Meals. If your reason for the appeal is based on financial circumstances, it is advisable to provide evidence of your financial income and expenditure, and any benefits or other financial support which you are receiving.

Signed:	Date:
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When signed and completed please return to the address at the top of this form

ARRANGEMENTS FOR TRANSPORT APPEALS PANEL HEARING

This part of the form asks you to provide information which would enable the Clerk to make arrangements in advance, **if** your appeal is referred to the full Transport Appeals Panel.

Please tick the box

<input type="checkbox"/>	If you require an interpreter – please state your language
<input type="checkbox"/>	If you are deaf and would need a sign interpreter
<input type="checkbox"/>	If you use a wheelchair.
<input type="checkbox"/>	If you are blind or partially sighted

If you would like more information about how the Council uses your data, please see our Privacy Notice(s) which are available: <http://www.wokingham.gov.uk/privacy/>