

# Application for travel assistance to school for pupils with an EHCP

# March 2023 to March 2024

**Contact:** ptu@luton.gov.uk

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This application form applies to those pupils of statutory school age 5 – 16 (and may also include pupils in the Reception Year ) with an educational health care plan (EHCP) and will be assessed in line with our home to school transport policy. Being in receipt of an EHCP does not guarantee eligibility for travel assistance.

Parents and carers have a legal duty to ensure that their statutory school-aged children (age 5-16) attend school regularly and to make any necessary arrangements to ensure that they attend school.

A child becomes of compulsory school age at the start of term after their fifth birthday and ceases to be compulsory school age on the last day of the academic year in which they are in year 11. This applies to both children with and without an Education Health and Care Plan (EHCP).

There are four core categories of eligible children set out in law:

• Children living beyond the statutory walking distance from school

• Children who cannot reasonably be expected to walk to school due to unsafe walking routes

• Children who cannot reasonably be expected to walk to school due to special educational needs, disability, and mobility problems.

• Children from low-income families who have extended rights to travel assistance.

Ordinarily, and in accordance with the Council’s statutory duty, children under the age of 5 will not be entitled to travel assistance between their home and school. Where circumstances exist where the Council determines that travel assistance is necessary it may exceptionally apply its discretionary powers on a case-by-case basis.

For pupils in year 12 and above (post-16-year-olds), there is no statutory requirement on the Council to provide free transport to their school or college in any case. The Council must decide and set out in a policy statement the arrangements that the Council considers necessary to facilitate attendance. It is expected that young people in Post 16 education will use existing travel schemes to support access to their education placement. More information about existing schemes and discretionary support provided by the Council can be found in Luton’s post-16 policy statement which is updated each year.

For pupils over 16 please see separate application and [Post 16 policy](https://m.luton.gov.uk/Page/Show/Education_and_learning/Schools_and_colleges/Pages/travel-assistance.aspx) statement

Please complete all relevant sections of this application. Any missing or incorrect information may delay the processing and/or qualification for travel assistance.

Travel assistance comes in many forms such as:

* Provision of a bus or train pass
* Training to travel independently (walking and using public transport)
* Training to cycle independently (reimbursement of bicycle and safety equipment) subject to the agreement of parent/carer
* Reimbursing of mileage costs for parents or carers
* Provision of a private bus, coach or minibus
* Provision of taxis or licensed private car hire (in extenuating circumstances)

The travel assessment officer will determine the most suitable form of assistance based upon information provided

By completing this application form you’re giving us permission to discuss the child it applies to with:

* the school
* Special Educational Needs Assessment Team
* any other relevant department that may hold information required in the assessment of this application

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# Student details

Please select which stage of education the student is in: Choose an item

Name of school or provision: Click to enter text

Select the school year: Choose an item

If other, please specify: Click to enter text

Full address of school or provision: Click to enter text

Postcode: Click to enter text

Start and finish times: Start and Finish

Select all the days that travel assistance is needed:

Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Saturday [ ]  Sunday [ ]

Start date of travel assistance if eligible: Click to enter a date

End date of travel assistance if eligible: Click to enter a date

Student’s full name: Click to enter text

Date of birth: Click to enter a date

Home address: Click to enter text

Home postcode: Click to enter text

# Parent/carer details

## Parent/carer 1

Full name: Click to enter text

Relationship to student: Choose an item

If other please specify: Click to enter text

Home address: Click to enter text

Postcode: Click to enter text

Home phone: Click to enter text

Mobile: Click to enter text

Email address: Click to enter text

Do you have parental responsibility for this student? Choose an item

If other, please specify: Click to enter text

## Parent/carer 2

Full name: Click to enter text

Relationship to child: Choose an item

If other please specify: Click to enter text

Home address: Click to enter text

Postcode: Click to enter text

Home phone: Click to enter text

Mobile: Click to enter text

Email address: Click to enter text

Do you have parental responsibility for this student? Choose an item

If other, please specify: Click to enter text

## Alternative contact

Full name: Click to enter text

Relationship to student: Choose an item

If other please specify: Click to enter text

Home phone: Click to enter text

Work phone: Click to enter text

Mobile: Click to enter text

Email address: Click to enter text

# More information about the student and family

Does the student hold an EHCP? Click to enter text

An EHCP does not guarantee eligibility for travel assistance.

Please detail the student’s disability/disabilities, for example autistic, visual or hearing impairment, physical, speech and language, as well as what steps are being taken to enable the student to be an independent traveller:

Click to enter text

Is the student named above known to Social Services? Choose an item.

Is yes, what is their social worker’s name? Click to enter text

Social worker’s phone number: Click to enter text

Is the above named student in care (looked after child)? Choose an item.

Please name all school/college age siblings, including their date of birth and place of education related to the student you’re completing this application for.

Sibling 1:

Name

Date of birth

Place of education

Sibling 2:

Name

Date of birth

Place of education

Sibling 3:

Name

Date of birth

Place of education

Sibling 4:

Name

Date of birth

Place of education

Sibling 5:

Name

Date of birth

Place of education

Are you in receipt of Disability Living allowance (DLA) for your child\*? Choose an item.

Does the student’s family receive any other benefits\*?

* Free school meals and milk: Choose an item
* Universal Credit: Choose an item
* Income Support: Choose an item
* Income based Jobseekers Allowance: Choose an item
* The guaranteed element of Pension Credit: Choose an item
* Support under part 6 of the Immigration and Asylum Act 1999: Choose an item
* Child Tax Credit (provided not also entitled to Working Tax Credit) and have an annual gross income assessed by HMRC as not exceeding £16,190: Choose an item
* Working Tax Credit run on: Choose an item

\* If you’ve answered yes to either of the above questions please attach a copy of your most recently dated full award letter when you submit this form.

Does the student have a Concessionary Fares bus pass?

If yes, what’s the bus pass number? Click to enter text

Does it have the companion element? Choose an item

How do you currently take the student to school? Choose an item

If other, please specify: Click to enter text

Does the student use a wheelchair? Choose an item

If yes, please give supply these details:

* Make: Click to enter text
* Model: Click to enter text
* Serial number: Click to enter text
* Student’s height: Click to enter text
* Student’s weight: Click to enter text

Please detail the student’s disability/disabilities, for example autistic, visual or hearing impairment, physical, speech and language, as well as what steps are being taken to enable the student to be an independent traveller.

Click to enter text

#

Checklist for all applicants

Tick each statement that is true.

[ ]  I have read and understood the [code of conduct for children and young people](#_Appendix_1:_code).

[ ]  I have read and understood the [parent/carer school travel agreement](#_Appendix_2:_parent/carer).

[ ]  I have read and understood the [privacy agreement for home to school transport](#_Appendix_3:_privacy).

[ ]  I have completed the application form.

[ ]  I have included copies of the appropriate supporting documents DLA, PIP award letters, current EHCP and any other relevant medical evidence.

[ ]  I have signed the application form.

[ ]  I have included a stamped, self-addressed envelope for the return of my documents (where applicable).

Signed\*: Click to enter text

\* Typing your name in this field is accepted as your signature.

Full name: Click to enter text

Date signed: Click to enter a date

**Completed applications should be sent by post or email to:**

SEND Travel Assistance
Town Hall
Luton
Beds, LU1 2BQ

Email: travelassistance@luton.gov.uk
Phone: 01582 54 8098

Visit luton.gov.uk for more information.

# Appendix 1: code of conduct for children and young people on school transport

1. If waiting at a pick up point, I will always stay safe by keeping away from the road.

2. When boarding and alighting from transport I will do it in an orderly fashion.

3. I will wear a seat belt at all times (where required) and remain seated throughout the journey.

4. I understand that aggressive, violent and abusive behaviour towards staff or other passengers is unacceptable and may result in the temporary or permanent withdrawal of my travel assistance.

5. I will ensure that I will keep my bags out of the gangway.

6. I will not speak to the driver whilst they are driving, unless there is an emergency.

7. I understand that I must be reasonably quiet in the vehicle and understand that excessive noise can disturb the driver and can be dangerous.

8. I will not play any listening device unless using headphones.

9. I will ensure that my mobile phone is on the silent or vibrate setting.

10. I will not stand up or move around the vehicle whilst it is moving.

11. At the end of the journey, I will wait until the vehicle has stopped before I get out of my seat.

12. I will not eat, drink, smoke, vape or drop litter in the vehicle.

13. I will always follow the instructions of the driver or passenger assistant and be considerate towards other passengers and behave sensibly at all times.

You may be suspended from or permanently excluded from transport should you not follow this code of conduct.

Please remember that you and your parent/carer are responsible for any damage caused to any vehicle you may be travelling in, should any damage occur, you or your parent/carer will be charged or potentially prosecuted.

Signed\*: Click to enter text

\* Typing your name in this field is accepted as your signature.

Full name: Click to enter text

Relationship to child: Choose an item

If other, please specify: Click or tap here to enter text.

Date signed: Click to enter a date

# Appendix 2: parent/carer school travel agreement

While my child is receiving travel assistance to school, I agree to the following.

1. To ensure that my child is ready at the agreed time of pick up when the vehicle arrives at our home or at the pick-up point (transport staff are instructed not to wait over 5 minutes).

2. To be there to meet him/her at the set down point on return, or agree in writing in advance when another responsible person will do this.

3. To ensure that my child understands the standard of behaviour that is expected whilst travelling to and from school/provision. This is set out in the [code of conduct](#_Appendix_1:_code) above.

4. To ensure that my child understands the need for safety and that the wearing of a seat belt or harness is essential

5. To inform the Passenger Transport Unit, (PTU) on 01582 547387 if my child is unwell and will not be travelling to school/provision, if travelling by taxi or minibus, as well as the school/provision they are attending.

6. To inform the SEND travel assessment officer on 01582 548098 of any change to travel requirements, or any change in medical needs.

7. To ensure that the education transport assessment officer is informed of any change in address in advance as eligibility to travel assistance will need to be re assessed.

8. To pay for any wilful damage caused by my child.

9. To supply the education transport assessment officer with general and emergency contact details for getting in touch with me and ensure these are kept up to date.

10. To supply the education transport assessment officer / PTU with contact details for 2 nominated responsible adults, who can act on my behalf, if requested.

**Furthermore, I understand that:**

11. Passenger assistants are not responsible for the administration of drugs or any medical procedures.

12. Transport may be withdrawn if either:

* My child’s behaviour is persistently unacceptable
* I fail to make appropriate arrangements for my child to be met at the normal set-down point on more than two occasions in one term. If transport is withdrawn it will be my responsibility to make suitable arrangements for him/her to attend school/provision

13. Failure to notify the Council of changes in circumstances (such as a change of address) may result in a delay in transport being rearranged.

Parent/care signature\*: Click to enter text

\* Typing your name in this field is accepted as your signature.

Full name: Click to enter text

Child’s name: Click or tap here to enter text.

Date signed: Click to enter a date

# Appendix 3: privacy notice for home to school transport

Luton Council is committed to protecting the privacy of your child and your information.

We have a data protection officer who makes sure we respect your rights and follow the law. If you have any concerns or questions about how we look after your personal information, please contact the council at feedback@luton.gov.uk.

|  |  |
| --- | --- |
| Privacy Section | Privacy Section Description |
| Data Controller | Robin Porter, Luton Council, Town Hall, George Street, Luton, LU1 2BQ |
| Data Protection Officer | Zoe Bulmerfeedback@luton.gov.uk  |
| Personal Data | Personal data: Name, address, previous address, gender, date of birth, looked after status, parents/carers details, contact with other educational professionals/services, special educational needs, school, previous school, bank account details, benefit information, reason/s for requesting home to school transport assistance.Special category: medical information |
| Purpose for using it | To provide your child with transport to school assistance |
| Lawful basis | * To carry out the performance of a public task
* Special category data such as medical details are used in the public interest of supporting each child according to their needs and to take care of their wellbeing whilst in the school setting
 |
| Who we share it with | Local authorities; education providers; NHS; safeguarding partners; catering services; pastoral support such as counselling; appeal panellists |
| Why we share it with them | * To meet the statutory requirement for monitoring by the Department of Education
* To provide access to education
* To provide pastoral care, food and safeguarding where necessary
 |
| Any automated decision making | None |
| Transfer of data to a non-EU country | None |
| Exercising your rights | You have the right to ask us to amend or delete your data as well as transfer it or limit its use. You also have the right to request a review of an automated decision where you think this is wrong.Each request will be considered individually however, where we are required to keep your data by law we may be unable to action your request. In all circumstances we will explain our decision making in writing to you |

For more information about how we keep your data safe, please see our main privacy statement at [luton.gov.uk/privacy-cookies](https://m.luton.gov.uk/Page/Show/privacy-cookies/Pages/default.aspx).

# For office use only

Application type: Click to enter text

Date received: Click to enter a date

School year of child: Choose an item

Nearest suitable school: Choose an item.

If not a suitable school, name of nearest suitable school: Click to enter text

Evidence of FSM seen? Choose an item.

Mileage: Click to enter text

List documents enclosed: Click to enter text

Comments:

Click to enter text

Approved or declined: Choose an item.

Payment details: Click to enter text

Calculated: Click to enter text

Processed by: Click to enter text

Date processed: Click to enter a date