



SURREY



Special educational needs

Travel assistance exceptional request form

PERSONAL DETAILS (Please PRINT)

Child's Name: Date of Birth:

Address:
.....
.....

..... Post Code:

Parent / Carer Name: Tel. No.

SCHOOL DETAILS:

School Name: Start Date:

Days Attending:

Where appropriate please give session times:

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.....

Please indicate the reason (s) for your exceptional needs request, providing as much information as possible

Exceptional needs might include, *but are not limited to*: health needs/disability/circumstances affecting the child's sibling(s) or other close family members who are dependent upon the child's parents/carers; exceptional financial difficulties, or other factors that are likely to significantly impact on the parents'/carers' ability to meet their responsibilities in connection with transporting their child to an education provider.

Reason (s)

Information to explain the reason stated

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If you or your partner have any significant medical problems which make it difficult for you to walk your child to school please describe them here in full. * (see note below)

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<p>If your child has any significant medical problems which it would make it difficult for him/her to walk to school please describe them here in full. * (see note below)</p>	
<p>Do you or your partner know anyone living locally who may be available to accompany your child/children to the provision that they attend?</p>	<p>Yes / No</p>
<p>Is there any other information you feel we should know?</p>	

** If you have completed these sections, it is essential that you attach an up-to-date medical report from your consultant (for your child/children), from your GP re parent/carer. This must provide us with details of medical or physical difficulties and the reasons why you/your partner/your child is not able to walk safely to school.*

Declaration

I certify that the information given on this form is correct and I understand that Surrey County Council may make further checks and may request further documentation. I understand that if I give any information which is incorrect or incomplete or fail to report any changes which may affect this application I may be prosecuted.

Parent/Carer Signature _____ Date _____

Data Protection

We must protect the public funds we handle and so we may use the information you supply in relation to this application to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public funds. This is in accordance with the Data Protection Act 1998.

Please sign, date, and return this form to your SEND Case Worker.