

# Home to School Travel Assistance – Application Form



## Information and guidance on completing this form

You should only fill in this form if you are a resident of Waltham Forest and have parental responsibility for the child you are applying for.

Please write clearly in BLOCK CAPITALS and complete all sections of this form.

Please follow the guidance throughout the form carefully to ensure you complete all information as accurately and completely as possible.

Decisions regarding assistance will be made based on information provided. Incomplete or unclear information may result in a decision not to provide assistance or your application form being returned to you for full completion, which will delay any decision regarding provision of assistance with travel.

**Applications are usually processed and travel assistance in place within 20 working days.**

**For applications received by the Disability Enablement Service after the specified deadlines there may be delays in processing applications or providing travel assistance.** This is due to a number of factors (i.e. time required for route scheduling and during the summer months there is reduced availability of schools and the requirement to confirm school information).

You should refer to the “**Travel Assistance Options for children and young people with Special Educational Needs and Disabilities**” guide and “Home to School Assistance with Travel Policy” for further information regarding eligibility criteria, travel assistance, and appeals or complaints procedures. This is available for download on [Waltham Forest Directory](#). If you are unable to access these documents on-line please contact the Disability Enablement Service for copies of the “Travel Assistance Options for children and young people with Special Educational Needs and Disabilities” guide and/or “Home to School Assistance with Travel Policy” document.

### Return your completed application to:

By post:

**Disability Enablement Service  
FAO: Client Relationship Officer  
First floor Wood Street Health Centre  
Linford Road  
Walthamstow  
E17 3LA**

By email:

**[assistancewithtravel@walthamforest.gov.uk](mailto:assistancewithtravel@walthamforest.gov.uk)**  
with subject line stating ‘Assistance with Travel Application’

## SECTION A: Reason for application for Home to School Travel Assistance

**What is the main reason for your application for home to school travel assistance for your child?**

- My child has a Special Educational Need, disability or mobility need.
- I (parent/carer) have a disability or mobility need, which prevents me from being able to transport my child to school (**please attach evidence** with this application).
- We live too far from the school.
- I am applying for travel assistance for my child under the low income criteria (please refer to the Home to School Assistance with Travel Policy for criteria).
- Other reasons – please specify:

**Has your child received home to school travel assistance from the council before?**

- Yes     No

If yes, what type of assistance?

If not, what are your current arrangements and why these are no longer suitable to transport your child from home to school?

## SECTION B: Assistance with travel – Your preferences

**What would your preferred home to school travel assistance be?**

Please note that choosing your preference does not guarantee that this will be the type of travel assistance that you will be allocated. Please refer to the “Travel Assistance Options for children and young people with Special Educational Needs and Disabilities” guide for further information on the types of travel assistance.

- Free and discounted travel with Transport for London (provided directly by TfL).
- Reimbursement of the cost of travel fares/passes for parents and carers to escort their children to and from school on public transport.
- Reimbursement of mileage costs for parents and carers who are able to transport their children to and from school.
- Personal travel budgets for parents and carers to arrange transport themselves, or use a combination of options (see note for more information)
- Independent travel training to give children and young people the essential skills required to travel independently either on foot or by public transport including travel assistants to support children and young people undertaking travel training.
- A place on a shared minibus or taxi route, using collection points where possible.

## Note: Personal Travel Budgets

A Personal Travel Budget is a sum of money given to parents or carers of children with special educational needs or disabilities, to enable them to arrange their child's travel in a way that suits their circumstances best. The budget allows families complete freedom to choose the best possible travel option for their child, with flexibility to change over time or use a combination of options.

I wish to be considered for Personal Travel Budgets

 Yes No

## SECTION C: Contact information

### Child details

First name

Middle name

Surname

Known as

Gender

Date of birth

Home address

Please attach a copy of the parent's/carer's ID (i.e. passport or driver's licence) and most recent utility bill.

  

### Parent/Carer Details

First name

Surname

Relationship to child

Mobile number

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Home number

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Work number

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Email address

### Emergency contact

For the safety of your child, we require an emergency contact within the London Borough of Waltham Forest (or in neighbouring boroughs and in reasonable travel distance from Waltham Forest) where we can contact a relative or other responsible adult. We will use these contacts if we cannot contact you at your home address or on the contact numbers you provided. This MUST be different to the home contact.

**First name**

**Surname**

**Relationship to child**

**Contact phone number**

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**Alternative phone number**

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**Address**

Postcode

## Other contacts

**Is your child 'looked after' by Social Care?**

Yes  No

If yes, by which Local Authority?

**Does your child have an allocated Social Worker?**

Yes  No

If yes, please provide contact details below

**Name**

(Social worker)

**Phone number**

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 (Social worker)

**Alternative number**

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 (Social worker)

**Email address**

(Social worker)

## SECTION D: School Attendance Details

**School name**

School travel assistance is to be provided to/from

**School address**

Postcode

**School phone number**

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**Date started/starting at this school**

DD / MM / YYYY

**Date travel assistance is requested to start from**

DD / MM / YYYY

**Type of school placement**

- Daily Attendance
- Weekly boarding (where a child stays at school Monday to Friday and returns home for the weekends)
- Termly boarding (where a child stays at school for the duration of the school term and returns home for half-terms)

Daily/Weekly Attendance	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
School start time							
School finish time							

**Termly boarding**

Please note that you will be required to provide school calendar for the academic year as soon as one is available

	Start date	Finish date
Autumn term	DD/MM/YYYY	DD/MM/YYYY
Spring term	DD/MM/YYYY	DD/MM/YYYY
Summer term	DD/MM/YYYY	DD/MM/YYYY

Is your child eligible for or currently accessing Free School Meals?  Yes  No

Does your child have a Statement of Special Educational Needs or an Education, Health and Care Plan  Yes  No

If yes, is the Statement of Special Educational Needs or the Education, Health and Care Plan naming this school?  Yes  No

Was this school selected on religious grounds?  Yes  No

Assistance with travel to school is to be provided for journeys to and from school. Assistance may be considered for journeys at the end of the school day to short break venues, but it will be the responsibility of the parent/carer to organise the journey from the short break venue to home after the activities have finished.

Does your child use short breaks?  Yes  No If yes, please provide the following details

Short Break Centre Name:

Short Break Centre address:   
Postcode

Short Break Centre phone number:

Please indicated the days your child use short breaks:

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Start time							

Please specify the frequency your child use short breaks  
 Weekly  
 Fortnightly  
 Other (please specify)

## SECTION E: Childs needs

**Please indicate if any of the following apply to your child**

- Social, emotional or mental health difficulties
- Communication difficulties
- Speech and Language difficulties
- Learning Difficulties
- Hearing Impairment
- Visual Impairment
- Physical or mobility difficulties
- Autism
- Other (please specify)

**Please confirm if your child has any of the following by ticking the appropriate box**

If you are awarded a place on a shared minibus or taxi please be aware that as a general rule, passenger assistants are not trained to administer rescue medication for epilepsy. Passenger assistants do not administer oral or regular medication such as asthma pumps, Calpol etc. If your child has a specialist healthcare need, the service will consider them and decide whether a risk assessment and/or additional support is required for transport.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Epilepsy   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emergency medication for epilepsy (e.g. Buccal Midazolam)                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anaphylaxis (severe allergic reaction requiring adrenaline autoinjector) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of oxygen  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Oral or nasal suction required (excess salivation, risk of choking etc)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gastrostomy Feed (Enteral Feeding)                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Any other condition that we need to be aware of for transport purposes if awarded a place on a shared minibus or taxi to ensure their safety (eg. sensory, allergies etc.)? If yes, please specify:**

**Doctor/GP Name**

**Doctor/GP Phone**

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## SECTION F: Travelling to school or another educational establishment

**Is the child/young person able to walk to school on their own? If not, please tell us why?**

**Are you or another responsible adult able to walk your child to school? If not, please tell us why?**

**Is your child/young person able to travel by public transport on their own? If not, please tell us why?**

**Could your child/young person travel by public transport accompanied by a responsible adult? If not, please tell us why?**

**Are you or another responsible adult able to accompany your child to school by public transport? If not, please tell us why?**

**Do you have access to a car?**

Yes  No

**If yes, is this a Motability car paid for by a higher level Disability Living Allowance attached to your child?**

Yes  No  Don't know

**If you have access to a car, could you use the car to transport your child to school? If not, please tell us why?**

**What are your child's transport equipment requirements?**

- |  |  |
|--|--|
| <input type="checkbox"/> None                                      | <input type="checkbox"/> Red safety clip                           |
| <input type="checkbox"/> Infant seat                               | <input type="checkbox"/> Travels in a wheelchair/buggy             |
| <input type="checkbox"/> Booster seat                              | <input type="checkbox"/> Takes a folding wheelchair in the vehicle |
| <input type="checkbox"/> Harness                                   | <input type="checkbox"/> Travels in an electric wheelchair         |
| <input type="checkbox"/> Other<br>(i.e. leg splints/walking frame) | <input type="checkbox"/> Takes a folding buggy in vehicle          |

### Wheelchair

**Do you have a wheelchair passport**

- Yes     No

If yes, **please provide a copy** of the passport with this application.

**Can your child be released from the vehicle without an adult's presence?**

- Yes     No

If yes:

- Home only  
 School only  
 Both home and school

## SECTION G: Income details

Complete this section if you wish to be considered under the low income family eligibility criteria. **Please provide copies** of most recent letters from Jobcentre Plus and/or HMRC confirming your entitlement. Please tick the income you receive

- Income Support
- Income based Jobseeker's Allowance
- The Guaranteed part of State Pension Credit
- Nass – Support under part VI of the Immigration and Asylum Act 1999
- Child Tax Credit provided you are not entitled to Working Tax Credit and have annual income (as assessed by HM Revenue & Customs) that is currently £16,190 or below
- Working Tax Credit for the four week period immediately after your employment has finished. What was the last date of your employment
- Working Tax Credit where your income is £16,190 or below

DD/MM/YYYY



### Application Processing Information

The information you provide on this form will be processed by the Disability Enablement Service in accordance with the Data Protection Act (1998).

- We may share this information with other agencies who may be involved in transporting your child or assisting with your child's journey to school.
- Travel assistance provision will be reviewed on an annual basis.
- Where travel assistance is provided in the form of transport, assistance may be ceased if unsafe behaviour puts others at risk.
- The Disability Enablement Service must protect the public funds we handle, therefore we may use the information you have provided on this form to prevent and detect fraud. We may also share this information with other organisations.

### Declaration

Please read the following declaration. **We will not process your application if you do not sign and date the declaration.**

- The information I have given on this form is complete and accurate. I will inform you immediately of any change in my circumstances at any time which might affect my entitlement to assistance. I understand that if I give you false information, or fail to give complete information, you may withdraw or re-assess any assistance with travel provision.
- I agree to the information above being shared with any agencies who may be involved in transporting or assisting my child as a result of this application.
- I will write and tell you immediately if my child leaves or transfers to a different school or college, or if my contact details change. I understand that if the home address changes, then my child may no longer be eligible to receive travel assistance.
- I understand that Waltham Forest Council can withdraw transport in certain circumstances.
- I understand that only correctly completed applications can be assessed for entitlement.
- I understand that if my child is unwell, it will be my responsibility to collect him/her from school.
- I understand that transport can only be implemented from the main residential address, which is the address on this application form.
- I understand that home to school assistance with travel will not accommodate before or after school clubs.
- I confirm that the details I have provided are complete and accurate.
- I understand that you may take actions against me, including criminal prosecution and civil recovery, if I have provided false information in this application.
- I consent to the disclosure of information on this form by Waltham Forest Council for the purpose of the verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Before you submit this form please make sure that you have completed all sections and attached the following required evidence in order to process your application:

- Copy of the parent's/carer's ID (i.e. passport or driver's licence)
- Copy of most recent utility bill
- Copies of most recent letters from Job Centre Plus and/or HMRC – if you want to be considered under the low income family eligibility criteria
- Copy of Wheelchair Passport – if your child travels in a wheelchair
- Evidence of parent's/carer's disability or mobility needs – if the parent/carer has a disability or mobility need, which prevents them from being able to transport their child to school
- Any medical evidence to support your application

**Signature**

**Print name**

**Date**

## OFFICE USE ONLY

**Application received date**

**All evidence documents attached**

 Yes  No

**Decision**

**Date of decision**

**Type of travel assistance agreed**

**Comments**