

SCHOOL TRANSPORT REVIEW FORM

Please complete fully using block letters on this page and complete in black ink or type.

Child and Parent Details:

Name of Child:	
Child's Date of Birth:	
Address:	
Postcode:	
Full Name of Parent or Carer:	
Parent Carer Telephone Number (Day):	
Parent Carer Telephone Number (Evening):	
Parent Carer Telephone Number (Mobile):	
Parent Carer Email Address:	
Does your child have an Education, Health, and Care Plan (EHCP)?	
School to which transport is requested?	
Date started or due to start at the above school?	
Please list other schools attended (if any):	

Details of other child family members (e.g., Brothers and Sisters):

Name:	Date of Birth:	School / College Attended:

To enable consideration, you must supply relevant third-party documentation to support the information you provide.

Please give full details of why transport assistance is required (grounds for this review):
(Continue on a separate page and attach if required)

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I understand the authority may seek advice and information relating to my request from other departments or agencies, including schools, prior to any review.

Applicant Name:	Applicant Signature:	Date:

Privacy Notice: The information you release to us will be used for transport related purposes and may be shared, [as the law allows](#), with partner organisations. Further details on the Authority's Data Privacy policies and those of partner organisations can be found on the Derbyshire County Council Website www.derbyshire.gov.uk/privacynotices, or a hard copy can be provided on request.

Please return this completed 'Transport Review Form', including supporting evidence:

BY EMAIL:

admissions.transport@derbyshire.gov.uk

BY POST:

Derbyshire County Council, School Admissions and Transport Team, The Quad, Dock Walk,
Chesterfield, S49 1HQ