

# Pembrokeshire County Council School Transport Appeals



Before completing the form please read the School Transport policy which can be found on the Pembrokeshire County Council website.

This form will take approximately 10 minutes to complete and should be returned to the Integrated Transport Unit (ITU), County Hall, Haverfordwest, Pembrokeshire, SA61 1TP or by emailing [school.transport@pembrokeshire.gov.uk](mailto:school.transport@pembrokeshire.gov.uk)

You will be notified of the decision as per the appeals timetable in the School Transport policy. If your reasons for appealing are due to medical or additional learning needs then the Education Directorate's Inclusion Panel will consider your appeal.

To proceed you will need to confirm that you have parental responsibility for the child you are appealing for and that you have the agreement of all other persons with parental responsibility to do so.

## Data Protection Notice

The information I have given on this form will be used by the Integrated Transport Unit (ITU) for school transport related purposes and may be shared, as the law allows, with partner organisations, in particular, Pembrokeshire County Council's Education Directorate. It will be stored securely and only shared with those that are involved in the appeal process.

**I have read and accepted the Privacy Notice (which is available on the Pembrokeshire County Council website)**



## 1. Child's Details

Child's Full Name .....

Child's Gender    **M**     **F**     Date of Birth .....

Current School ..... Catchment School .....

Current School Year  
(e.g. Reception, Yr 7)     How long has the  
child been at the  
current school?

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## 2. School Transport details

Application No. .... Date of application .....

Name of the School you are appealing transport for .....

School Year you are appealing transport for ..... (e.g. Reception, Year 6 etc.)

Date you want your child to start receiving transport .....

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## 3. Your Details

Your Title -    Mr     Mrs     Ms     Miss     Other:

Your Full Name .....

Your relationship to the child .....

Current address .....

Post Code .....

Are you due to move to a new address?    Yes     No     Expected Date: .....

If so, please provide the new address    Address: .....  
and your expected date of relocation

Post Code: .....

Any siblings of the child, their ages, their current school/s and do they current receive transport

Name: ..... Age: ..... School: ..... Transport Yes / No

Name: ..... Age: ..... School: ..... Transport Yes / No

Name: ..... Age: ..... School: ..... Transport Yes / No

Contact Details -    Email: .....    Tel: .....

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## 4. Grounds of Appeal

You should complete Section A and include any information you consider is relevant to your appeal. Please give as much information as you can about why you feel this decision should be reconsidered and also provide as much evidence as possible to support your case from any of the relevant sources listed in the 'Appeal Reason(s)' section below.

You should submit all supporting evidence with this form. Please list any attached documents and ensure you keep copies for your own records.

I wish to appeal against the decision of Pembrokeshire County Council to refuse my child school transport.

Signed: .....

Print Name: ..... Date: .....

### Section A – Information from the parent

**Do you think your child has been wrongly denied a place on school transport?**

**Tick the options that apply to your grounds of appeal.**

**Please explain all reasons why you feel that your child should have a place on school transport to the school you are requesting and continue on a separate sheet if necessary.**

**Appeal Reason(s) – please tick the following options that apply to your grounds of appeal**

**Does the pupil have any medical, psychological or Additional Learning Needs? Yes  No**

To be considered under this criterion, the parents should provide independent supporting evidence at the time of the appeal which sets out why school transport is necessary for the pupil(s) and the difficulties that would be caused if school transport is not provided

- A) Supporting evidence must be based on the professional's own knowledge of the pupil's condition and circumstances and will be accepted from any of the following registered health professions: Specialist Consultant, Community Paediatrician, Clinical Psychologist, Psychiatrist, Occupational Therapist, Social Worker
- B) Letter or reports from a family doctor are not accepted for this purpose
- C) Additional Learning Needs must be confirmed by the Local Authority's Inclusion Service
- D) For incidents of extreme and persistent bullying, evidence detailing the steps taken to resolve the bullying through existing anti-bullying procedures within the school, together with a report from an Education Welfare Officer or the Local Authority's Inclusion Service or a statement from the school to corroborate the bullying.

**Have you been forced to relocate at short notice for reasons beyond your control? Yes  No**

To be considered under this criterion supporting evidence must be provided from at least one of the following agencies: Police Service, Housing Association, Social Services, Education Welfare Officer.

**If transport was not given on the grounds of distance, is the potential walking route unsafe or hazardous? Yes  No**

Please give details of the route including lighting, pavements, etc. In assessing the safety of an available route, consideration is given to the potential risk created by traffic, highway and topographical conditions.

**Is the pupil aged 16+ and resides over 3 miles from where a suitable programme of study is available? Yes  No**

To be considered under this criterion, parents must provide evidence that the learner is studying full-time and is under 19 years of age on 1st September of the academic year in which the course is taken along with the subjects being studied.



