

**SHETLAND ISLANDS COUNCIL  
SCHOOLS SERVICE  
Additional Support Needs Transport Request Form 18/19**

**Requested Start Date .....**

Parents or guardians should complete this form annually if they wish to request school transport for the next school session for any arrangements that are additional or different to those provided for their location e.g.

- Arrangements for transport of a wheelchair;
- An escort during travel to and from school.

Please note:

- We can make arrangements **only to and from the address for which your child is registered on the school roll**;
- There is no automatic right to transfer of transport assistance when your child moves from Primary to Secondary School;
- The authority is not required to make transport arrangements when your child attends a school that is not the catchment school because of a placing request made by parents or guardians;
- The authority reserves the right to ask for proof of a child's disability;
- Forms must be completed in full and submitted to the Education Department for assessment.

<b>Pupil's Name:</b>			<b>Class:</b>		<b>Date of Birth:</b>	
<b>School:</b>						
<b>Home Address:</b>				<b>Home Tel No:</b>		
				<b>Mobile No:</b>		
				<b>Email:</b>		
				<b>Emergency Contact:</b>		
				<b>Tel No:</b>		
<b>Emergency Contact:</b>				<b>Tel No:</b>		
<b>Is the pupil attending school full-time? Yes/No</b>						
If they are <b>not</b> attending full time, please supply times of attendance below:						
<b>Mon</b>	From	To	<b>Thurs</b>	From	To	
<b>Tues</b>	From	To	<b>Fri</b>	From	To	
<b>Wed</b>	From	To	X	X	X	
<b>Additional Information</b> – if pick-up and drop-off will be <u>regularly</u> to a different address to the home address for any day of the week because of respite care arrangements please supply respite address and day(s) of attendance:						
<b>Do transport requirements include a wheelchair?</b>				<b>Yes/No?</b>		
<b>Is individual supervision required?</b>				<b>Yes/No?</b>		
<b>Other relevant information including medical/behavioural needs during travel:</b>						
<b>Name of parent/guardian:</b>						
<b>Parent/guardian signature:</b>					<b>Date:</b>	
<b>FOR OFFICE USE ONLY</b>						
<b>Authorising Officer signature:</b>						
<b>Date:</b>						