Applying for travel assistance

The Council will provide travel assistance to pupils who meet the criteria set out in our [policy](https://www.solihull.gov.uk/Schools-and-learning/Help-with-travelling-to-school).

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| **Your child must meet all the criteria 1, 2 and 3** | |
| 1 | Live permanently in Solihull |
| 2 | Be of compulsory school age (Reception to year 11) |
| 3 | Attend their nearest suitable school |
|  | |
| **Your child must meet either criterion 4 or criterion 5** | |
| 4 | Live more than the ‘statutory walking distance’ from his or her ‘qualifying school’ |
| 5 | Be unable to make the journey safely, even when accompanied, to their qualifying school because of their special educational need or disability (subject to assessment of need) |

**Nearest suitable school**

The nearest suitable school for a mainstream pupil is usually the catchment-area school. If it is not possible to secure a place at the catchment-area school, the next nearest school with a vacancy is deemed to be the nearest suitable school.

The nearest suitable school for a pupil with an education, health and care plan attending mainstream is the nearest school that can meet their needs - this is usually the catchment school.

The nearest suitable school for a pupil going to a special school, will be the nearest appropriate special school that can meet their needs. Parents who choose a different school may not qualify for travel assistance.

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| **Statutory walking distance** to nearest suitable school | |
| **Age** | **Statutory walking distance** |
| Under 8 | 2 miles |
| 8 or over | 3 miles |
| 8 or under 11 low income family | 2 miles |
| 11 or over low income family\* | 2-6 miles (one of the three nearest) |
| 11 or over low income family\* | 2-15 miles (nearest school of belief or religion) |
| \*Low income family = eligible for free school meals or in receipt of the maximum level of Working Tax Credits | |

Some families have complex childcare and employment patterns. The council does not provide help simply because it is difficult or inconvenient for parents to get their child/ren to school.

If we need more information our Travel Options Assessment Officer will contact you.

Applicants who are eligible for travel assistance will be offered assistance based on an individual consideration of the safety of the child, the child’s individual needs, and the efficient use of resources. The offer will be the most cost effective, whilst suitable for the child’s needs, from this range of options:

**A bus pass (or the cash equivalent), independent travel training (ITT), personal travel budget, or a transport vehicle.**

Applications will be processed within 20 school days.

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| **Read our Home to school travel assistance policy** | <https://www.solihull.gov.uk/Schools-and-learning/Help-with-travelling-to-school> |
| **Contact us if you need help** | * [edtrans@solihull.gov.uk](mailto:edtrans@solihull.gov.uk)   🕿 0121 704 6610 |

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| Request for travel assistance  Incomplete applications may result in a delay to your outcome. | | | | | |  | | | |
| Child’s name: |  | | | | | | | | |
| Date of birth: |  | | | | | | | | |
| Address: |  | | | | | | | | |
|  | | | | Post code: | | | |  |
| Parent / carer name: |  | | | | | | | | |
| Email: |  | | | | | | | | |
| Home phone: |  | | Mobile phone: | | | | |  | |
| School you need to get to: |  | | | | | | | | |
| Key school contact |  | | | | | | | | |
| School address: |  | | | | | | | | |
|  | | | | | | | | |
|  | | | | Post code: | | | |  |
| Start and finish times: | Start: | | | | Finish: | | | | |
| Date you need transport to start: |  | | | | | | | | |
| Why are you applying for assistance? | * Criterion 4 - the school is more than the statutory walking distance * Criterion 5 - your child is unable to make the journey safely, even if accompanied, due to a special educational need or disability | | | | | | | | |
| Free school meals or low income? | * Does your child qualify for free school meals due to low income? * Are you in receipt of maximum working tax credit? If yes, send a copy of your Tax Credit Award Letter TC602 | | | | | | | | |
| Is this a temporary request? | Yes / No | | | | | | | | |
| If temporary request, please explain why and the date you expect assistance to end? |  | | | | | | | | |
| Why can’t you, or someone else, take your child to school? | * I do not have access to a suitable vehicle * My child is unable make the journey safely to school * Other, please explain | | | | | | | | |
| Where applicable, Evidence you need to send in support of your request: | * Copy of your DLA/PIP award letter showing receipt of mobility component * Letter of support from paediatrician or consultant stating that your child cannot make the journey safely to school, even if accompanied | | | | | | | | |
| Does your child have any medical or behavioural needs that could impact on their travel to/from school? |  | | | | | | | | |
| Is there anything else you think we should consider? |  | | | | | | | | |
| Names and ages  of other children  in the family |  | | | | | | | | |
| Has your child had travel assistance before? | | | |  | | | | | |
| How does your child travel to school now? | | | |  | | | | | |
| How does your child travel to places other than school? | | | |  | | | | | |
| Does your child have to travel in their own wheelchair? | | | | Yes / No | | | | | |
| Do you get disability living allowance for care?  If yes, how much? | | | | Yes / No | | | £ per month | | |
| Do you get disability living allowance for mobility?  If yes, how much? | | | | Yes / No | | | £ per month | | |
| * I confirm that the information provided is accurate, to the best of my knowledge. Transport team is collecting your information and will use it to process your application. If you qualify for assistance, we will share your data with other agencies and service providers to ensure that the appropriate service is delivered. Your information may also be shared with other council services and partner organisations to ensure our records are kept accurate and to help us to identify services or benefits you may be entitled to or interested in. We may also need to share your information for the prevention and detection of fraud and/or other crimes or as the law requires. For further information about how we use your information please refer to the Council’s Privacy Statement on www.solihull.gov.uk or contact edtrans@solihull.gov.uk.   Print name: Date:  Relationship to child: | | | | | | | | | |
| **Return this form to:**  School Transport  Solihull Council  Manor Square  Solihull B91 3QB | | **Contact us:**   * [edtrans@solihull.gov.uk](mailto:edtrans@solihull.gov.uk) * 0121 704 6610 | | | | | | | |

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| *Office use*: Decision: Walking distance:  Year group at application: Shortest driving distance: |