**School Travel Exceptional Circumstances Form**

**Setting Details**

|  |  |
| --- | --- |
| Name of School: |  |
| Form Completed By: |  |
| Role: |  |

**Pupil Details**

|  |  |
| --- | --- |
| Forename: |  |
| Surname: |  |
| Date of Birth: |  |
| Address: |  |
|  |  |
|  |  |
|  |  |
| Year Group: |  |
| Free School Meals: (Y/N) |  |
| SEN Status: |  |
| Care Status: |  |

**External professionals/agencies involved with the child:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Service** | **Telephone** | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Transport Details**

|  |  |
| --- | --- |
| Is there a direct bus route to setting? | Yes |
| No |
| Please circle how many buses would be required in order to attend setting | One |
| Two |
| Please circle the estimated distance from home address to setting | < 2 Miles |
| * 1. Miles |
| > 5 Miles |
| Previous School Attended: |  |
| Method of Transport Used: |  |

**Parent/Guardian Details**

|  |  |
| --- | --- |
| Forename: |  |
| Surname: |  |
| Contact Number: |  |

Grounds exception, please give as much information as possible in support of your application. Enclose copies of medical evidence, if relevant or other written documents necessary (e.g. letters from social workers or other agency/professionals involved with the family)

*Continue overleaf if necessary*

**Please return the form to:** Emily Dearing, Home to School Transport, Brunswick House, Strand Close, Hull, HU2 9DB or email to: [hometoschooltransport@hullcc.gov.uk](mailto:hometoschooltransport@hullcc.gov.uk)