Application for School Transport for Children with Special Educational Needs for School Year 20_/20_





This application for school transport should <u>only</u> be completed in circumstances where the child is not in a position to avail of a standard school transport service.

The NCSE is provided with this information to facilitate the allocation of school transport for children with special educational needs. The professional report(s) required to support an application <u>must</u> be submitted with this form.

This application form will be forwarded by the SENO to School Transport Section, Department of Education and Skills (DES) for their decision on the provision of transport in accordance with the terms of the School Transport Scheme for Children with Special Educational Needs.

Further information about how your data is being used is provided at end of Form in the Data Privacy Statement.

	CHILD D	ETAILS				
Name of child			Gender	Male	Female	
Home address						
Eircode						
PPSN						
Date of Birth						
Disability Category						
School Setting	Special School Special		cial Class	Mainstream School		
Has this child a	Yes			No		
recommendation for a special school/class						
placement?						
Date child will commence			I			
in the School						
Year						
B. <u>PARENTAL/GUARDIAN CONSENT</u>						
I/We, the undersigned, being the parent(s)/guardian(s) of the above named child, confirm that:						
My child cannot avail of a standard school transport service.						
I am aware that copies of this form and attached documents will be retained by the NCSE and the school. I consent to the information on this form and attached documents being shared with the DES.						
I consent to the relevant information on this form being shared with Bus Éireann.						
I am aware that, in the event of it being determined that a school nearer to my child's home is or can be resourced to meet						
my child's special educational needs, that my child will not be eligible for school transport under the terms of the School						
Transport Scheme for Children with Special Educational Needs.						
Contact details for Parent(s)/Guardian(s)						
Phone No(s)						
Email Address						
Parent/Guardian		_				
(Block Capitals)						
Parent/Guardian Signature						
Date						

C.		SCHOOL DETAILS				
Name of School						
Address of School						
Eircode						
School Opening & O	Closing					
School Roll Numbe	r					
Phone Number						
Email address of So	hool					
Name of Principal						
D.		SCHOOL TRANSPORT REQUIREMENTS				
Please tick as appro	•		/ES	NO		
•		ports were submitted and support this application				
	-	eeds are such as to require the support of an escort. ion F – application to assess the need for an Escort)				
Wheelchair access						
	•	ion you may have which may assist in determining the transport a	rangeme	ent		
required			J			
Signature of School Principal						
Date						
E.		REPORT OF SPECIAL EDUCATIONAL NEEDS ORGANISER (SENO)				
Please tick ✓			YES	NO		
(i) The required pro Skills criteria for at						
(ii) This school is the nearest to the child's home that is, or can be, resourced to meet the						
child's educational needs under Department of Education and Skills criteria						
(iii) Based on the information provided in professional reports made available to me I can report that this child cannot avail of standard school transport						
Any further information, (if any), which is relevant to this application:						
SENO Name						
SENO AREA						
Date			_			

School Transport Application for Escort Support

- 1. This application for escort support should <u>only</u> be completed in circumstances where the child's care and safety needs while on school transport are such as to require the support of an escort.
- 2. Where available, the professional report(s) required to support this application <u>must</u> be submitted to the SENO.
- 3. This application form will be forwarded by the SENO to School Transport Section, Department of Education and Skills (DES) for their decision on the allocation of an escort.

Applications for Escort support will be considered under this scheme where the relevant professional reports							
set out that a child requires such support.							
F. BASIS FOR NEED FOR ESCORT SUPPORT							
Please tick the need for	Phy	sical	Hearing/Visual	Medical	Personal Care	Behavioural	Other
escort support							
De muefeccional nonente	VEC	NO	1				
Do professional reports indicate the	YES	NO					
requirement for an							
Escort?							
		<u>I</u>	J				
If you do not have							
professional reports							
indicating care needs as outlined above,							
please indicate why							
Escort support is							
required.							
			DECLARATIO	N BY PRINCI	<u>PAL</u>		
I confirm, that the repor	ts mad	e avail	able to me indica	te that the c	hild cannot avail c	of school transpor	t without
the support of an escort		c avaii	able to me malea	te that the c	illia carillot avall c	n senoor transpor	t without
Signature							
Date							
G.			DECLARAT	ION BY SENC	1		
I confirm, that the reports made available to me indicate that the child cannot avail of school transport without							
the support of an escort.							
Signature							
Date							

Data Privacy Statement

The Department and the NCSE require your personal data to facilitate the allocation of school transport in line with the SEN school transport scheme. The personal data provided is shared between the Department, the NCSE and Bus Éireann. Full details of the Department's data protection policy is available at https://www.education.ie/en/The-Department/Data-Protection/. Details of this policy and privacy notice are also available in hard copy upon request from the following address: Department of Education and Skills, Marlborough Street, Dublin 1. Full details of the NCSE's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at www.ncse.ie