**FIFE COUNCIL – EDUCATION & CHILDREN’S SERVICES**

**TRANSPORT REQUEST FORM 2025-2026**

**For a looked after and accommodated child or young person attending a non-catchment area school or other education establishment**

The following request requires a planning and review group agreement before submission.

**1. Request Information**

Person(s) is acting on behalf of Team around the child, including Parent/Carer, and can confirm all other avenues have been explored fully prior to submission of this request.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Designation | Name | Designation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2. School/Educational Establishment Details**

|  |  |
| --- | --- |
| School/Educational Establishment Name | Department or Setting Type |
| Is the child/young person enrolled in their catchment school? | Is there current transport in place for this child/young person? |

**3. Child/Young Person Details**

|  |  |  |
| --- | --- | --- |
| Child/Young Person’s Name | Date of Birth | Gender  Male  Female  Non-Binary |
| Scottish Candidate Number (if known) | Year Group |

**4.** **Carer Details**

|  |  |  |
| --- | --- | --- |
| Name | | Contact Number |
|  | |  |
| Carer response to possible Parental Agreement (mileage paid to Carer to transport child/young person) | | |
| Yes, would want to be considered | No, would not want to be considered | |
|  |  | |
| Explain what prevents the child/young person being taken to/from school by carer | | |

**5. Additional Emergency Contact Information**

|  |  |
| --- | --- |
| Name | Contact Number |

**6. Request for free transport**

Please outline in the space below why this child/young person should be provided with free transport

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| --- |
|  |

**7.** **Independent Travel**

Is the child/young person capable of travelling by bus? Yes  No

**8. Travel Arrangements**

|  |  |
| --- | --- |
| Pick up/set down address | Other pick up/set down address if required |
|  | State reason for variation |
| Postcode | Contact name and number for other address |

**Travel Pattern**

|  |  |  |
| --- | --- | --- |
| Specify the days and dates when transport is required | School Arrival Time | School Departure Time |

**9. Child/Young Person’s Manual Handling Assessment – Transfer on/off vehicle**

Is the child/young person ambulant? Yes  No  Requires Assistance

Does the child/young person use a wheelchair/buggy? Yes  No

Can the child/young person transfer to a seat? Independent transfer  Assisted transfer

No transfer

|  |
| --- |
| Include any specific information relevant to the child/young person’s ability to transfer on/off particular types of vehicles e.g. ability to manage steps, wheelchair and user able to be pushed on/off, capability of user to power wheelchair independently. |

**10. Wheelchairs and Other Equipment**

Does the child/young person travel in a wheelchair/buggy? Yes  No

If YES, does it have a headrest fitted? Yes  No

Is the wheelchair/buggy? Manual  Powered

|  |
| --- |
| Specify the wheelchair manufacturer and model and details of any seating system |
| Provide the specific instructions relevant to the use of an access ramp or passenger lift e.g. recommended maximum gradient of ramp, combined weight of wheelchair, seating and user, suitability of wheelchair to be winched, availability of attendant handles on wheelchair. |
| State if the unoccupied wheelchair/buggy or any other equipment is to be carried on the transport and if it folds |
| Specify any recommended child restraint e.g. type of car seat, type and size of harness |

**11. Travel Escort**

Does the child/young person require the support of a travel escort whilst travelling?

Yes  No  If Yes, escort to be provided by Social Worker

If No, go to section 12

|  |
| --- |
| Please provide details of the travel escort (name, pick up/set down address, contact number) |

**12.** **Additional Information**

|  |
| --- |
| Give details of any reason why the child or young person should not travel with others and any other information relevant to the organisation of transport **(do not include any specific instruction to be issued to drivers)** |

|  |  |  |  |
| --- | --- | --- | --- |
| Transport Requested by |  | Date |  |
| Position held |  |

**All transport requests must be approved by a Team Manager (in agreement with their Service Manager)**

|  |  |  |  |
| --- | --- | --- | --- |
| Transport Approved by |  | Date |  |