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| First Stage Appeal for Home to School or College Transport – Service Manager | | | | | | | | | | |
| Making An Appeal for Transport Assistance | | | | | | | | | | |
| Your application for transport assistance was considered and assessed against Torbay Council's policy. If you wish to appeal against the decision, please complete the form below and use the space provided (continuing on additional pages if necessary) to give a detailed statement explaining of the reasons for your appeal.  The general expectation is that a child will be accompanied by a parent where necessary, unless there is a good reason why it is not reasonable to expect the parent to do so. Therefore, you need to explain why it is not reasonable for you to take your child to school.  Other reasons for deciding to make an appeal could be because your circumstances have changed or because there is additional information about your child, your own or the family's personal, financial, or medical position that you would like considered.  Please give as much information as possible and make sure you attach relevant information to support or explain your appeal statement. A separate form is needed for each child The appeal will be heard by a Service Manager from Children’s Services and will usually be held within four weeks. Please return completed form to: Transport Team, Children's Services, Torbay Council Electric House, Room SF 338, c/o Town Hall, Castle Circus, Torquay TQ1 3DR Alternatively, the completed appeal from can be sent via electronic mail to: cstransport@torbay.gov.uk  If you have any questions regarding the appeal process, please contact the Transport Team on 01803 207688 | | | | | | | | | | |
| Details Of Child | | | | | | | | | | |
| **Forename(s)** |  | | **Surname** | | |  | | | | |
| **Date of birth** | **DD** |  | **MM** | | |  | **YYYY** | | |  |
| **Home address** |  | | | | | | | | | |
|  | | | **Post code** | | | | |  | |
| **Which school is transport to?** |  | | | | | | | | | |
|  | | | | | | | | | | |
| Details Of Parent of Carer | | | | | | | | | | |
| **Title** | **Forename** | | | | **Surname** | | | | | |
|  |  | | | |  | | | | | |
| **Address** for correspondence  (If different from child) |  | | | | | | | | | |
|  | | | | **Post code** | | |  | | |
| **Telephone** |  | | | | **Mobile** | | |  | | |
| **E-mail** |  | | | | | | | | | |

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| Appeal Statement |
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