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| SECOND STAGE APPEALFOR HOME TO SCHOOL OR COLLEGE TRANSPORT | | | | | |
| Completing the form | Any written documentation you wish the panel to consider should be attached to your e-mail submission or securely attached to this form if completing on paper.  If you have any difficulty in completing this form please contact the Learning Academy (details on back page) | | | | |
| General information - Pupil and Appellant | | | | | |
| Mr/Mrs/Ms/Miss/Other |  | Parent/carer (delete as appropriate) | | | |
| First Name |  | | | | |
| Surname |  | | | | |
| Address (for further correspondence) |  | | | | |
| Town |  | | | Post Code |  |
| Daytime Telephone Number | | | |  | |
| Parent / Career Email Address | | | |  | |
| Details of Child | | | | | |
| Your child’s name |  | | | | |
| Your child’s date of birth |  | | | | |
| Arrangements for the appeal hearing | | | | | |
| Do you intend to be present at the appeal hearing? | | |  | | |
| Note: you are encouraged to attend. If you do not intend to be present or to be represented by another person the appeal will be considered on the basis of the information supplied on this form and any other accompanying information received by the Clerk to the Appeal Panel at least 2 working days before the hearing. | | | | | |
| Do you have any specific requirements for the hearing (e.g. do you need an interpreter, large print or wheelchair access) please provide details | | |  | | |

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| Your appeal details | |
| I wish to appeal for assistance with transport to the following school |  |
| Your appeal will normally be held within 40 working days. If there are any dates that would be inconvenient for you, please list them. Every effort will be made to avoid these dates. |  |
| You may wish to be accompanied by a representative or friend at the appeal hearing. Please provide details of any person who may accompany you. |  |
| Reasons for your appeal | |
| Please state these as fully as possible. If you are submitting a paper version of this form please continue on separate sheets of paper if necessary. Please securely attach or scan any additional documentation and supporting evidence that you feel might help your case e.g. medical evidence. Please note that all information submitted is treated as strictly confidential. | |
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| Before submitting your appeal please ensure you have: | |
| Completed all relevant sections of the form.  Attached any other relevant documentation. | |
| If applying on paper please indicate here the number of additional sheets you have attached to this form |  |
| Form completed by (name) |  |
| Signed |  |
| Date |  |
| Returning your form | |
| By Post to | The Learning Academy  Torbay Council  Town Hall  Torquay  TQ1 3DR |
| By e-mail | cstransport@torbay.gov.uk |
| Need help? Call us on | 01803 207688 |