

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



An Roinn Oideachais
agus Scileanna
Department of
Education and Skills



This application for school transport should only 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 must 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 DETAILS

Name of child		Gender	Male	Female
Home address				
Eircode				
PPSN				
Date of Birth				
Disability Category	Hearing Impairment			
School Setting	Special School	Special Class	Mainstream School	
	X			
Has this child a recommendation for a special school/class placement?	Yes		No	
	X			
Date child will commence in the School				
Year				

B. PARENTAL/GUARDIAN CONSENT

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. <u>SCHOOL DETAILS</u>	
Name of School	Holy Family School for the Deaf
Address of School	Navan Road, Cabra, Dublin 7
Eircode	Do7TH79
School Opening & Closing Times	9:00 to 3:30
School Roll Number	20495S
Phone Number	01 8380058
Email address of School	info@holyfamilydeafschoo.l.ie
Name of Principal	Eimear O'Rourke

D. <u>SCHOOL TRANSPORT REQUIREMENTS</u>		
Please tick as appropriate ✓	YES	NO
The relevant professional reports were submitted and support this application	X	
The child's care and safety needs are such as to require the support of an escort. (If yes, please complete section F – application to assess the need for an Escort)		
Wheelchair access is required		
Please provide any information you may have which may assist in determining the transport arrangement required		
Signature of School Principal		
Date		

E. <u>REPORT OF SPECIAL EDUCATIONAL NEEDS ORGANISER (SENO)</u>		
Please tick ✓	YES	NO
(i) The required professional report(s) submitted meet the Department of Education and Skills criteria for attending the relevant setting		
(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	Paula Cashin	
SENO AREA		
Date		

School Transport Application for Escort Support

1. This application for escort support should only 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 must 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 escort support	Physical	Hearing/Visual	Medical	Personal Care	Behavioural	Other
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do professional reports indicate the requirement for an Escort?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

If you do not have professional reports indicating care needs as outlined above, please indicate why Escort support is required.	
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DECLARATION BY PRINCIPAL

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	

G. DECLARATION BY SENO

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