| 1. 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. 2. 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. 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 provision of transport in accordance with the terms of the School Transport Scheme for Children with Special Educational Needs.** 4. **Further information about how your data is being used is provided at end of Form in the Data Privacy Statement.** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **CHILD DETAILS** | | | | | | |
| **Name of child** |  | | | **Gender** | **Male** | **Female** |
|  |  |
| **Home address** |  | | | | | |
| **Eircode** |  | | | | | |
| **PPSN** |  | | | | | |
| **Date of Birth** |  | | | | | |
| **Disability Category** |  | | | | | |
| **School Setting** | **Special School** | | **Special Class** | | **Mainstream School** | |
|  | |  | |  | |
| **Has this child a recommendation for a special school/class placement?** | **Yes** | | | **No** | | |
|  | | |  | | |
| **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:**   1. My child cannot avail of a standard school transport service. 2. I am aware that copies of this form and attached documents will be retained by the NCSE and the school. 3. I consent to the information on this form and attached documents being shared with the DES. 4. I consent to the relevant information on this form being shared with Bus Éireann. 5. 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** | St. Francis Special School |
| **Address of School** | Beaufort, Co. Kerry |
| **Eircode** | V93 TX36 |
| **School Opening & Closing Times** | 9am - 2.40pm |
| **School Roll Number** | 19547E |
| **Phone Number** | 0646644452 |
| **Email address of School** | info@sfss.ie |
| **Name of Principal** | [Keith Ó Brolacháin](mailto:principal@sfss.ie) |

| **D. SCHOOL TRANSPORT REQUIREMENTS** | | | |
| --- | --- | --- | --- |
| **Please tick as appropriate** **✔** | | **YES** | **NO** |
| **The relevant professional reports were submitted and support this application** | |  |  |
| **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. REPORT OF SPECIAL EDUCATIONAL NEEDS ORGANISER (SENO)** | | | |
| --- | --- | --- | --- |
| **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** | **Date** | | |
| **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** |
|  | |  |  |  |  |  |
|  | | | | | | | |
| **Do professional reports indicate the requirement for an Escort?** | **YES** | **NO** | | | | | |
|  |  | | | | | |
|  |  | | | | | | |
| **If you do not have professional reports indicating care needs as outlined above, please indicate why Escort support is required.** |  | | | | | | |

| **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 |