

## **Royal Greenwich Children's Services**

## Travel Assistance Appeal Form

Please complete this form if you wish to appeal against the Royal Borough of Greenwich's decision not offer travel assistance. You should also complete this form if travel assistance has been offered but you wish to appeal against the proposed arrangements or changes to existing arrangements. Your appeal must be submitted within 28 days of receiving the decision letter.

It is recommended that you read the Home to School Travel Assistance Policy or Post 16 Travel Policy Statement before completing this form.

# Child's family name/surname: ..... Child's given/first name(s): .....

Full address including postcode:

Date of Birth: ...... Boy/Girl: .....

Section 1: Child's details

Section 2: Parent/Carer's details
Title (please circle): MR / MRS / MISS / MS / Other (please specify)
Family name/surname:
Given/first name(s):
Full address including postcode:

Daytime Tel No: ..... Email: .....

Please turn over and complete the other side of this form

### Section 3: Parent's/Carer's statement

l wish to appeal against the decision because:	
Signature of parent/carer:	Date:
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## Children and young people with an education health and care plan (EHCP) or medical condition

Your completed appeal form and supporting documentation must be returned to the SEND Travel Assistance Officer Royal Borough of Greenwich, The Woolwich Centre, 35 Wellington Street, London, SE18 6HQ or by email to <a href="mailto:SEND.travelassistance@royalgreenwich.gov.uk">SEND.travelassistance@royalgreenwich.gov.uk</a>

## All other children and young people

Your completed appeal form and supporting documentation must be returned to the Admissions Manager, Royal Borough of Greenwich, The Woolwich Centre, 35 Wellington Street, London, SEI8 6HQ or by email to <a href="mailto:school-admissions@royalgreenwich.gov.uk">school-admissions@royalgreenwich.gov.uk</a>