# MEDWAY COUNCIL SEN Travel Assistance SERVICES

## TRANSPORT TERMINATION

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| --- | --- | --- |
| **Pupil’s Name:** | **Date of Birth:** | **ID** |
| **Parent/Guardian:**  |
| **Home Address:**  |
| **Tel No. Home** | **Work** | **Emergency** |
| **School to which transport is no longer required:**  |
| **End Date:**  | **Attendance Basis (daily, weekly, etc)**  |
| **If part-time give hours/days:** |
| **Is the child In Care to another Local Authority:**  |
| **If YES – Name of other Local Authority:**  |

|  |  |
| --- | --- |
| Officer | **Tel Ext** |
| **Approved** | **Date** |

|  |
| --- |
| General Comments  |

PLEASE PASS THIS FORM TO THE TRANSPORT TEAM IMMEDIATELY

For Transport Section Use

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Contractor Informed |  |  By | Date |
|  |  |  |  |  |