

Home to School Transport Appeal Pupils with EHCPs



This form should be completed by an adult with parental responsibility for the named students below. **By submitting this information and returning it you agree that all information enclosed is true, accurate and complete.** This form and any additional information you wish to provide will also form part of the paperwork that will be considered for your appeal.

Please return this form to via email to - Start@cambridgeshire.gov.uk or in the post to - Statutory Assessment Team, Box No. SCO2209 5 George Street, Huntingdon, Cambridgeshire PE29 3AD

1. Your Details

Title: Surname:

Initials: Relationship to child:

Address (if different from child / children's)

Postcode:

Tel no. (home) Other contact No.

Email address
@

2. Your Child / Children's Details

	Surname	Forename	Date of Birth	School / College
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Reason for Appeal Request

In the box below please provide as much information as you can about why you feel this decision should be reconsidered and provide as much evidence as possible to support your case.

Reasons why I am appealing: