

**Appeal for Travel Assistance**

**Stage 1**

This form should only be completed if you have received a travel assistance refusal letter that is dated within the last 20 working days. Please note, you can only appeal the decision of refusing travel assistance, and not the mode of travel we have offered to provide you.

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| **Pupil name:** |  |
| **Pupil DOB:** |  |
| **Pupil address:** |  |
| **School requesting travel assistance to:** |  |
| **Parent/Carer name:** |  |
| **Parent/Carer contact number:** |  |
| **Parent/Carer email address:** |  |

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| Please tell us why you wish your application be reviewed - please state these reasons as fully as possible continuing on a separate sheet of paper if necessary. Please attach any additional supporting information that you feel may support your appeal e.g. up to date medical advice from health care/educational professionals which has been provided within the last 12 months. All supporting information must be attached to this form. (Please do not send originals as they will not be returned) |
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Your completed form should be returned to [access@coventry.gov.uk](mailto:access@coventry.gov.uk) or sent via post to:

Access Coordinator

Statutory Assessment & Review Service

PO BOX 15

Council House

Coventry

CV1 5RR