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**Roads & Transportation Services**

**PRIMARY SCHOOL TRANSPORT REQUEST FORM**

This form should be completed and emailed to SchoolTravel.Enquiries@fife.gov.uk.

|  |  |
| --- | --- |
| Is this a request for a school travel pass? *(please indicate yes or no)* | Y/N |
| Is this a request for taxi transport? *(please indicate yes or no)*  | Y/N |

|  |  |  |  |
| --- | --- | --- | --- |
| School Name |  | Tel No |  |

**PUPIL DETAILS**

*(Please list below all siblings requiring transport living at the same address, if applicable)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Forename(s) | Surname | Primary | D of B | M or F |
| Pupil 1 |  |  |  |  |  |
| Pupil 2 |  |  |  |  |  |
| Pupil 3 |  |  |  |  |  |

|  |  |
| --- | --- |
| Home Address |  |
| Town |  | Postcode |  |
| Contact No |  |

**TRAVEL PASS REQUEST DETAILS**

(*if applicable) indicate yes or no in the box below:*

|  |  |  |  |
| --- | --- | --- | --- |
| Is this a new pupil request? | Y/N | Is this a request for a lost pass? | Y/N |
| Is this a change of address? | Y/N | Is this a change of surname? | Y/N |
| *Use this space to provide any additional information about the change if relevant?* |

**TAXI TRAVEL PATTERN** (*if applicable)*

|  |  |
| --- | --- |
| Does the pupil require a taxi every weekday morning and afternoon?*If not, please indicate below which days the taxi is required.* | Y/N |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| am | Mon |  | Tues |  | Wed |  | Thur |  | Frid |  |
| pm | Mon |  | Tues |  | Wed |  | Thur |  | Frid |  |

**For use by Transportation only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contract No** |  | **Pass No** |  |