

Home to School Transport Appeal



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 by the Service Appeals Committee.

Please return this form to via email to - Transportappeals@Cambridgeshire.gov.uk or in the post to - Home to School Transport Review and Appeals, BOX ALC2606 New Shire Hall, Alconbury Weald PE28 4YE)

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: