



Medical Certificate for Completion by a Registered Medical Practitioner

APPLICATION FOR SCHOOL TRANSPORT ON MEDICAL GROUNDS

1 Name of School _____

2 Name of Child _____ 3 Date of Birth _____

4 Address _____

5 Nature of the child's illness or disability _____

6 Degree of severity _____

7 Probable duration of the illness or disability _____

8 Recent hospitalisation for this illness or disability - if any _____

I HEREBY CERTIFY THAT DUE TO HIS/HER ILLNESS/DISABILITY, THIS CHILD WOULD BE UNABLE TO ATTEND SCHOOL DURING THE PERIOD STATED AT (7) ABOVE UNLESS TRANSPORT WERE PROVIDED.

Signed _____ Date _____

Qualifications and Occupation _____

Address _____ Phone No _____

NOTES

- 1 It is necessary to have this form fully completed in order to assist the Department in considering the application for transport under the School Transport Scheme.
- 2 It should be clear that transport is not allowed unless the Department is fully satisfied that the child concerned could not attend school, unless conveyed by transport.

This form should be returned to:

Department of Education and Skills, School Transport Section, Portlaoise Road, Tullamore, Co Offaly.