School Transport Appeal Form - STA1

Important Information

An independent body, the School Transport Appeals Board has been established to facilitate parents/guardians of pupils, or pupils who have reached the age of 18 years who wish to appeal decisions made by, or on behalf of the Department of Education and Skills regarding the provision of school transport services and/or grant-aid under the terms of the School Transport Scheme or decisions made by Bus Éireann, following the conclusion of any appeal procedures provided for under the Guidelines for Discipline and Procedures for Dealing with Alleged Misbehaviour on School Transport. It should be noted, however, that the Board will not examine cases deemed by Bus Éireann to involve serious misconduct or behaviour which poses a threat to the safety and well being of pupils and/or the driver or to the safe operation of the service generally.

Copies of the School Transport Schemes (Primary, Post-Primary and Special Education) and detailed information regarding the appeals process are available from the School Transport Section, Department of Education & Skills, Portlaoise Road, Tullamore, Co. Offaly, or can be accessed at http://www.education.ie/en/Parents/Services/School-Transport/School-Transport-Appeals/

Appeals to the School Transport Appeals Board may only be made on the attached form. Parts 1 and 2 of the form should be completed and signed and returned to:

School Transport Appeals Board,
C/o Department of Education and Skills,
Portlaoise Road,
Tullamore,
Co Offaly

NOTES:

1. In general, appeals must be made within 28 days of the date of the letter notifying you of a decision made by or on behalf of the Department of Education and Skills or by Bus Éireann.
2. You may enclose any other relevant documentation in support of your case with the Appeal Form.
3. The School Transport Appeals Board must give other relevant interested parties to the appeal (usually the Department of Education and Skills or Bus Éireann) a reasonable opportunity to examine the completed STA1 form and they will be invited to make a written submission on the case, if they so wish.
1. **School Transport Appeal Form- STA1**  
**Notice of Appeal**  
**PART 1**

<table>
<thead>
<tr>
<th><strong>Pupil Details:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupil’s Name: __________________________</td>
</tr>
<tr>
<td>Date of Birth: <em><strong>/</strong></em>/_________</td>
</tr>
<tr>
<td>Address: ___________________________________</td>
</tr>
<tr>
<td>___________________________________</td>
</tr>
<tr>
<td>___________________________________</td>
</tr>
<tr>
<td>___________________________________</td>
</tr>
<tr>
<td>Class/Year________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>School Details:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>School name and address: ___________________________________</td>
</tr>
<tr>
<td>___________________________________</td>
</tr>
<tr>
<td>___________________________________</td>
</tr>
<tr>
<td>___________________________________</td>
</tr>
</tbody>
</table>

I wish to appeal against the decision not to grant the above named pupil the following service: ___________________________________ 

Letter dated ____________ refers.

The facts in support of my appeal are set out in PART 2 of the form overleaf.

**Signature of person making appeal** __________________________  
**Date** ________________  
*The person making the appeal may be (a) a Parent/Guardian of the pupil, or (b) the pupil, if aged 18 or over.*

Contact details of person making appeal:

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Contact Phone Numbers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: _________________________</td>
<td>_________________________</td>
</tr>
<tr>
<td>___________________________________</td>
<td>_________________________</td>
</tr>
<tr>
<td>___________________________________</td>
<td>_________________________</td>
</tr>
</tbody>
</table>
PART 2 – GROUNDS FOR APPEAL

Pupil Name: _______________________

Please set out the grounds of your appeal below. All details that you wish to be taken into consideration should be included. You may also provide the Board with additional information as an Appendix to this form.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
The Manager,
School Transport Section,
Bus Éireann,
Broadstone,
Dublin 7.

Pupil Name: _______________________

Please see the attached completed Appeal Form which has been received on behalf of the above pupil and is due to be considered at the next meeting of the Appeals Board on _____________.

Please complete the attached Report Form and return it to the Appeals Board before the above date.

Signed

______________________
School Transport Appeals Board
BUS ÉIREANN REPORT

Pupil Name: ________________________

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Signed: _____________________________       Date: ______________________
[Named officer]
The School Transport Section,
Department of Education and Skills,
Portlaoise Road,
Tullamore,
Co. Offaly

Pupil Name: _______________________

Please see the attached completed Appeal Form which has been received on behalf of
the above pupil and is due to be considered at the next meeting of the Appeals Board
on ____________.

Please complete the attached Report Form and return it to the Appeals Board before
the above date.

Signed

________________________

School Transport Appeals Board
SCHOOL TRANSPORT SECTION REPORT

Pupil Name: ______________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Signed: ____________________________   Date: _________________________