



## 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.