

**Appeal for Travel Assistance**

**Stage 2**

This form should only be completed if you have already appealed at Stage 1 and our original decision was upheld. Please note, you **must** provide evidence for this Stage 2 appeal that addresses our reasons for refusal in your Stage 1 appeal letter. You must submit this appeal within 20 working days of your Stage 1 appeal letter.

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| **Pupil name:** |  |
| **Pupil DOB:** |  |
| **Pupil address:** |  |
| **School requesting travel assistance to:** |  |
| **Parent/Carer name:** |  |
| **Parent/Carer contact number:** |  |
| **Parent/Carer email address:** |  |

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| Please tell us why you wish your application be reviewed - please state these reasons as fully as possible continuing on a separate sheet of paper if necessary. Please attach the additional supporting information that you feel will support your appeal and addresses our reasons for refusal. All supporting information must be sent to us with this form. (Please do not send originals as they will not be returned). |
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Your completed form should be returned to [access@coventry.gov.uk](mailto:access@coventry.gov.uk) or sent via post to:

Access Coordinator

Statutory Assessment & Review Service

Coventry City Council

PO BOX 7097

Coventry

CV6 9SL