

## Application for school transport assessment

This application can be sent to the Education Department in cases where the pupil has not been granted school transport on the basis of the basic prerequisites in the school transport regulations and an assessment is requested.

The form can be filled in on the screen, but must be printed out and signed. NB The form cannot be saved when filled in.

An incomplete application will extend the processing time.

Application for the pupil:												
Surname					First name				Personal identity number (10 figures)			
Address in the population register						1						
Name of the school												
The pupil has a recreation cent		No		Yes, at			after-so	chool recreatio	n centre*			
* append timetable												
School transport is requested:  From date  Until date												
					To school			F	rom school			
The pupil's school hours:												
Mo -		Tu	-		We	-		Th	-		Fr	-
Application due to:												
Traffic conditions  Specific grounds, e.g. medical  Other reason  Alternating residence											е	
Justification for citing traffic conditions, specific ground, e.g. medical/permanent disability (medical certificate required), other reason, alternating residence.												
	Legal guardian 1 (the pupil's address in the pregister)					lation Legal guardian			n 2 (alternative address, if any)			
Name												
Address												
Postal address												
Telephone												
Email address												
Place and date												
Signature												

Send the form to: Piteå kommun, Utbildningsförvaltningen, Box 730, 941 28 PITEÅ