

Assessing the need for school transportation

A guardian, teacher, and health-care professional assess the need for transportation. As a general rule, school transportation is arranged by public transportation. You can also apply for taxi transportation to one direction only.

You will find more information on school transportation online at: https://www.vantaa.fi/en/services/services/service/school-travel-and-school-transportation and koulukuljetus@vantaa.fi

1. STUDENT'S DATA

First name	Last name	Identity number	
School		Length of school travel (one direction)	
Address		Postcode and post office	
Guardian's name		Guardian's phone number	

2. GUARDIAN'S ASSESSMENT OF THE NEED FOR SCHOOL TRANSPORTATION

Assess by choosing the alternative best describing your child in your opinion:

To some Very Not at all Slightly extent much

The child tends to get lost on even familiar routes

The child has problems perceiving time

The child likes to go with others and not arrive at the school

It is difficult for the child to move safely in traffic

The route has busily trafficked crossroads and crossings

Date Guardian's signature Print name 3. TEACHER'S ASSESSMENT OF THE NEED FOR SCHOOL TRANSPORTATION Teacher's assessment of the need for school transportation. Can the student travel by foot or on public transportation? Which factors are in favor of taxi transportation? Date Teacher's signature Print name	Guardian's opinion on why school transportation is needed. Can the child travel on public transportation?			2/
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Phone number	Date	Teacher's signature	Print name	
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		i none number		

4. HEALTH CARE PROFESSIONAL'S ASSESSMENT OF THE NEED FOR SCHOOL TRANSPORTATION

This form can be attached as a	statement to the school transportation application. The need f	or
transportation must always be	justified.	

Health care	professional's	assessment

I recommend taxi transportation for the student for period:

I recommend travel card for schoolchildren for the student for period:

I do not recommend school-transportation subsidy

Date	Health care professional's signature	Print name
	Job title	Phone number
	Email	