



The Director
Directorate: Institutional Resource Support
Private Bag X9114
CAPE TOWN
8000

For attention: Deputy-Director
Sub-directorate: Learner Transport Schemes

APPLICATION: LEARNER TRANSPORT SCHEMES

Type of Application:

Institution of a new route	
Inclusion of learners on existing route	
Extension of existing route	
Termination of route	
Curtailement of existing route	
Re-advertisement of existing route	

Completeness of the Application:

Number of learners approved on route and not per school	
Number of learners currently being transported	
Number of learners applied for	
Approved distance of route	
Extension/ curtailement to current route applied for	
Distance of extended/ curtailed route	

DIRECTOR: EDUCATION DISTRICT OFFICE

DATE:

CHECKLIST FOR USE BY EDUCATION DISTRICT OFFICE

Please complete and attach to application

ITEM	YES	NO	COMMENTS
Completed application form			
Name list of learners on school's letterhead			
Names, grades, pick-up points and CEMIS numbers			
Names have been checked against CEMIS (Automation)			
Route map attached			
Route was verified by two officials who were responsible for verification process			
Distances from starting point, between pick-up points to school			
Distances that learners must walk from residence to nearest pick-up point			
New pick-up points clearly indicated			
Number of learners are indicated at each pick-up point on map: <ul style="list-style-type: none"> - Inclusions/extensions: only additional learners must be indicated - New routes/re-advertisements: number of all learners must be indicated 			
Clearly indicated the extension to the route on the map and the new extended distance			
Clearly indicated the curtailment to the route on the map and the new distance of the curtailed route			
Complies with LTS policy			
Application form fully completed and signed by all relevant role-players			

We hereby certify that the route distance as indicated on the route map has been verified.

1. Name of Education District Official (Block letters): _____

Signature: _____

Date: _____

2. Name of Education District Official (Block letters): _____

Signature: _____

Date: _____

SECTION A (to be completed by school)

EDUCATION DISTRICT OFFICE		
NAME OF SCHOOL		
ROUTE NUMBER	WCE	
INDICATE DATE WHEN SERVICE IS REQUIRED		
FEE PAYING SCHOOL (mark appropriate box)	YES	NO

A1 Provide the current/intended new/amended route specifications (as applicable):

A2 Motivate the application:

A3 The following documents should accompany the request:

- ◆ A complete **route map** indicating the envisaged new route or the existing and amendments to the existing route (**signed and dated by two officials**).
- ◆ A **list** of the names of learners per grade at each pick-up point, as well as the CEMIS number.
 - Inclusions/extensions: only additional learners must be indicated
 - Re-advertisements: names of all learners must be indicated
 - New route: all the names of the learners on the intended route must be indicated
- ◆ If more than one school is involved, each school must give its list of names separately on its own **school letterhead**.

I hereby certify that the above information is correct and should the application be successful, I undertake to comply with all the regulations with regard to learner transport schemes.

SCHOOL STAMP

Name of School Principal (Block letters)

Signature: _____

Date: _____

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SECTION B (to be completed by the Circuit Team Manager)

B 1 Indicate whether this is the nearest appropriate school for the learners applied for. If not, what is the nearest appropriate school and motivate why the learners are not attending such school.

B 2 Indicate whether the receiving school has a hostel: Yes / No

If yes, please complete the table below:

Name of hostel	Capacity	Current learner numbers at hostel

B 3 Indicate whether the learners applied for, has access to public transport to reach school.

B4 Recommendation of Circuit Team Manager

Name of Circuit Team Manager (Block letters): _____

Signature: _____

Date: _____

SECTION C (to be completed by Deputy Director: Corporate Services)

Recommendation of Deputy Director: Corporate Services

I hereby certify that the application meets all the criteria in respect of learner transport schemes. There is an undertaking to ensure that all the regulations of the learner transport schemes are complied with.

Name of Deputy Director: Corporate Services (Block letters): _____

Signature: _____

Date: _____

SECTION D (to be completed by Director: Education District Office)

Recommendation of the Director: Education District Office

I hereby certify that the application has been handled according to the LTS Policy procedures.

Name of Director: Education District Office (Block letters): _____

Signature: _____

Date: _____