



## LEARNER TRANSPORT SCHEMES: APPLICATION FORM

Route number: WCE \_\_\_\_\_

Education District: \_\_\_\_\_

### Type of application:

Institution of a new LTS route	
Inclusion of additional learners on existing LTS route	
Extension of the return distance of a LTS route	
Curtailement of the return distance of a LTS route	
Termination of a LTS route	
Re-advertisement of existing LTS route	

### Application details:

Total number of learners approved on route (not per school)	
Number of learners on route as per CEMIS (not per school)	
Number of additional learners	
Approved return distance of route	
Return distance of extension / curtailement	
Total return distance of extended / curtailed route	

Route number: \_\_\_\_\_

CHECKLIST FOR COMPLETION BY EDUCATION DISTRICT OFFICE

Route number: WCE \_\_\_\_\_

ITEM	YES	NO	COMMENTS
Name list of learners on school's letterhead attached			
Names, grades, CEMIS numbers and authorised pick-up points reflected on name list			
Route map attached			
Route map reflects distance from starting point to school and distances between pick-up points			
Route map reflects distances that learners must walk to their nearest pick-up point, where a pick-up point is less than 5 km from school			
New pick-up point clearly indicated on route map			
GPS coordinates for new pick-up point clearly indicated			
Proposed extension / curtailment, with distance, is clearly indicated on the map			
In instances where the transportation of learners does not comply with LTS policy, appropriate motivation and / or photographic evidence is attached			
Application form fully completed and signed by all relevant role-players			
The route distance as indicated on the route map has been verified as correct.			

*Should the response to any of the items be "no", please provide a reason.*

We hereby certify that the information provided above is correct.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Route number: \_\_\_\_\_

**Section A (to be completed by school)**

Name of school	
Route number	WCE
Date when service is required	

A1. Type and purpose of application:

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A2. Motivate the application:

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A list of learner names on the school's letter head indicating the grades, CEMIS numbers and authorised pick-up points must be attached. Only the names of learner applied for must be reflected on the name list.

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

Name of School Principal (Block letters)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Route number: \_\_\_\_\_

**Section B (To be completed by Circuit Manager)**

B1. Indicate whether this is the nearest school for the learners applied for:

Yes	No
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If not, what is the nearest school and motivate why the learners cannot attend such school:

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B2. Indicate whether this school has a hostel:

Yes	No
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If yes, motivate why the learners cannot be accommodated at the hostel:

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B3. Indicate whether the learners applied for, have access to public transport to reach school:

Yes	No
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If yes, motivate why the learners cannot make use of public transport:

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B4. Recommendation of Circuit Manager:

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Name of Circuit Manager (Block letters): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Route number: \_\_\_\_\_

**Section C (To be completed by Head: Management and Governance)**

Recommendation of Head: Management and Governance

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I hereby certify that:

- the application meets all the criteria in respect of learner transport schemes.
- where learners applied for do not comply with the WCED LTS Policy, appropriate motivation and / or photographic evidence is attached.
- there is an undertaking to ensure that all the regulations of the learner transport schemes are complied with.

Name of Head: Management and Governance (Block letters): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section D (To be completed by Director: Education District office)**

Recommendation of the Director: Education District Office

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I hereby certify that the application has been handled in accordance with the WCED LTS Policy and Standard Operating Procedures.

Name of Director: Education District Office (Block letters): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**LEARNER TRANSPORT SCHEMES: APPLICATION FOR THE DEVOLVEMENT OF AN EXISTING LEARNER TRANSPORT ROUTE**

**Section A (to be completed by school)**

Education District	
Name of school	
Route number	WCE

*\*Please note that learner numbers as listed on the LTS database on CEMIS will be used while processing this application. Schools should therefore ensure that all learners requiring transportation are authorised and listed on the LTS database on CEMIS.*

A1. Motivate the application for the devolvement of the route to the school:

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A2. Indicate the tariff (per learner per kilometre per day) which will be required for the administration of the route: R\_\_\_\_\_ (Includes 10% administration cost)

Motivate the requested tariff:

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Route number: \_\_\_\_\_

We hereby certify that the above information is correct and should the application be successful, we undertake to comply with all the requirements of the WCED LTS Policy and Standard Operating Procedures.

\_\_\_\_\_  
Name of chairperson of School Governing Body (Block letters)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of School Principal (Block letters)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Section B (To be completed by Circuit Manager)**

B1. Recommendation of Circuit Manager.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Circuit Manager (Block letters): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Route number: \_\_\_\_\_

**Section C (To be completed by Head: Management and Governance)**

I hereby certify that the school:

<b>Tick appropriate box</b>	
<b>Implements</b> effective, efficient and transparent financial management and internal control systems according to the requirements of the Public Finance Management Act, 1999 (Act 1 of 1999).	
<b>Does not implement</b> effective, efficient and transparent financial management and internal control systems according to the requirements of the Public Finance Management Act, 1999 (Act 1 of 1999).	

The District Office undertakes to support the school in the administration of the learner transport scheme should the application be successful.

Additional comments:

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\_\_\_\_\_  
Name of Head: Management and Governance (Block letters)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Route number: \_\_\_\_\_

**Section D (To be completed by Director: Education District office)**

Recommendation of the Director: Education District Office

I **recommend / do not recommend** (mark appropriate) the devolvement of the learner transport scheme to this school.

Additional comments:

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\_\_\_\_\_  
Name of Director: Education District Office (Block letters):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



LEARNER TRANSPORT SCHEMES: VEHICLE INSPECTION CHECKLIST
(For regular completion by the school per vehicle)

NAME OF SCHOOL: ROUTE NO. WCE: VEHICLE REGISTRATION NUMBER:

Table with 4 main columns: Questions, Yes, No, Comments. Includes rows for vehicle approval, driver's license, and expiry dates.

NAME OF TRANSPORT CO-ORDINATOR (Block letters)

NAME OF PRINCIPAL (Block letters)

SIGNATURE

SIGNATURE

SCHOOL STAMP



## Learner Transport Scheme Monitoring Tool

District Office: .....

School / Visit details	Name of School:	
	Route Number:	
	Contractor:	
	Principal:	
	Learner Transport School Coordinator:	
	Name of Education District LTS official:	
	Date of Visit:	

**Section A:**  
Inspection of School's Learner Transport Scheme file/s:

	YES = 1 / NO = 0	YES	NO
Record keeping and Management Practices	Is the principal aware of the content of the Standard Operating Procedure (SOP) Manual and LTS Policy?		
	Is the SOP Manual and LTS Policy on file?		
	Are there copies of the contract letters for each route on file?		
	Is the WCED 095 form (inspection checklist) completed regularly and placed on file?		
	Is there a valid Operating License / permit for each vehicle used on the route/s on file?		
	Is there a valid Driver's License and Professional Driving Permit (PrDP) for each driver on the route/s on file?		
	Completed WCED 061 forms are signed and on file.		
	Completed Register of Authorised Learners forms & completed Claim forms (copies) on file.		
	Completed and signed Vehicle Replacement forms and accompanying License and Roadworthy certificate is on file.		
	Copy of valid Roadworthy and License certificates of authorised vehicles are on file.		

**Record keeping and Management Practices Score      /10**

Comments:	<p style="text-align: center;">.....</p> <p style="text-align: center;">.....</p> <p style="text-align: center;">.....</p>
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School Principal / School LTS Coordinator  Print name: .....  Signature: .....	
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District Official  Print name: .....  Signature: .....	School stamp
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Section B: Inspection of vehicle/s documents / details (To be completed for each vehicle)						
Vehicle registration number:			YES	NO	COMMENT	
Inspection of vehicle/s documents / details	Is the vehicle being used listed on EDUINFO?					
	Does the bus driver have a valid DRIVER'S LICENSE?					
	Does the bus driver have a valid PUBLIC DRIVER'S PERMIT?					
	Is there a copy of the OPERATING PERMIT available on the vehicle?					
	Roadworthy expiry date		Is Roadworthy certificate valid?			
	License expiry date		Is License valid?			
	Is the License and Roadworthy Certificate available on the vehicle?					
	Does the vehicle have a fire extinguisher					
	Capacity of vehicle					
	Number of learners on vehicle					
Is the vehicle a replacement vehicle?		Yes	No	Is the replacement form available?	Yes	No

Section C: General condition of vehicle (To be completed for each vehicle)						
Vehicle registration number:				COMMENT		
General condition of vehicle	Tyres	Good / Average / Poor				
	Floor	Good / Average / Poor				
	Seats	Good / Average / Poor				
	Passenger Door	Good / Average / Poor				
	Windows	Good / Average / Poor				
	Body of the Vehicle	Good / Average / Poor				
	Brake lights Working ?		Yes	No		
	Reverse lights Working ? If applicable		Yes	No		
	Indicators Working ?		Yes	No		
	Head lights Working ?		Yes	No		
	Wipers Working ?		Yes	No		
	WCED Sticker		Yes	No		
Contractor / Driver						
Print name: .....			Signature: .....			

Scores	Good	Average	Poor	
School				
Contractor				
NOTE: Poor performances at school will be directed to the principal, then to the CM and District Director if no improvement				
NOTE: Poor performances by Contractor - 1. Written communication to Contractor from Principal; 2. Called for meeting at District Office; 3. If no improvement, HO Procurement Directorate will be informed as per SOP(7.6.6) and Bid Document				





APPLICATION FOR THE TEMPORARY REPLACEMENT OF A VEHICLE

Route no.: WCE \_\_\_\_\_ Name of contractor: \_\_\_\_\_

Business tel. no.: \_\_\_\_\_ Cell no.: \_\_\_\_\_

Instructions:

- 1. Only principals of schools authorized on the above Learner Transport Route may approve the replacement of an authorized vehicle with another.
2. A replacement vehicle must be a similar vehicle with similar seating capacity to the one being replaced.
3. Principals may only approve the replacement of an authorized vehicle on receipt of a certified copy of a valid license and roadworthy certificate of the replacement vehicle.
4. Principals are required to email a copy of this application form, immediately after the completion of the form, to the Deputy Director: LTS at the WCED Head Office at wcedlts@westerncape.gov.za.
5. The approval of a replacement vehicle remains valid for a period of three (3) months from the date of the approval by the principal.

Please complete the table below:

Table with 2 columns: CURRENT APPROVED VEHICLE, REPLACEMENT VEHICLE

The reason for this replacement is as follows:

.....

Contractor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY PRINCIPAL

Please mark relevant box:

[ ] Replacement approved; License and Roadworthy document of replacement vehicle on LTS file

[ ] Replacement not approved

This replacement is valid until: \_\_\_\_\_ (Refer to paragraph 5 above)

COMMENTS: \_\_\_\_\_

.....



Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICATION FOR THE PERMANENT REPLACEMENT OF A VEHICLE**

Route no.: WCE \_\_\_\_\_ Name of contractor: \_\_\_\_\_

Business Tel.: \_\_\_\_\_ Cell no.: \_\_\_\_\_

**Instructions:**

1. Only principals of schools authorised on the above Learner Transport Route may recommend the permanent replacement of an approved vehicle with another.
2. A permanent replacement vehicle must be a similar vehicle with similar seating capacity to the one being replaced
3. This application, upon the recommendation of the principal, authorizes the temporary replacement of an approved vehicle for a period of six months from the date of the principal's signature or until the permanent replacement has been authorized by the Head Office of the WCED.
4. Principals are required to email a copy of this application form together with copies of valid license and roadworthy certificates, **immediately after the completion of this form**, to the Deputy Director: LTS at the WCED Head Office at [wcedlts@westerncape.gov.za](mailto:wcedlts@westerncape.gov.za). Copies must also be forwarded to the relevant Education District Office.
5. Approval for the permanent replacement of a vehicle may only be granted in writing by the Head Office of the WCED.

**Please complete the table below:**

CURRENT APPROVED VEHICLE	REPLACEMENT VEHICLE

The reason for this replacement is as follows:

.....  
.....

Contractor's signature: ..... Date: .....

**TO BE COMPLETED BY SCHOOL PRINCIPAL**

I hereby recommend the replacement of the abovementioned vehicle and have a copy of the License and Roadworthy documents on file.

While the permanent replacement of the vehicle is being considered the temporary replacement of this vehicle will be valid until: .....(refer to paragraph 3 above)

Comments: .....  
.....

Principal's signature: ..... Date: .....









CONTRACTORS MAY NOT TRANSPORT MORE THAN THE MAXIMUM NUMBER OF LEARNERS AUTHORISED FOR TRANSPORTATION BY THE WCED HEAD OFFICE FOR THIS ROUTE. THE TRANSPORTATION OF UNAUTHORISED ADDITIONAL LEARNERS WILL NOT BE REMUNERATED.



Annexure H

WESTERN CAPE EDUCATION DEPARTMENT  
 Claim form for the transportation of learners based on the Register of Authorised Learners

Section A: to be completed by contractor					
Route number:	WCE	Name of school:			
Name of contractor:		Claim period: From:		till:	

The following authorised vehicles were used during this claims period:	

The total number of learners transported each school day is as follows:

Date	Number of learners transported	Date	Number of learners transported	Date	Number of learners transported	Date	Number of learners transported
16		24		1		9	
17		25		2		10	
18		26		3		11	
19		27		4		12	
20		28		5		13	
21		29		6		14	
22		30		7		15	
23		31		8			

Total number of learners as indicated on the Register of Authorised Learners:	
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I hereby certify that only authorised learners, as listed on the Register of Authorised Learners, have been transported on this route and the maximum learner number as stated in my contract with the WCED has not been exceeded.

SIGNATURE OF CONTRACTOR:	PRINT NAME:	DATE:
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**Section B: to be completed by school Principal**

I hereby certify that:

- the learner numbers as indicated above are correct and correspond with the learners listed on the Register of Authorised Learners.
- the learner number does not exceed the maximum learner number as stated in the contract between the LTS contractor and the WCED.

**Penalties** - Please indicate the penalties which should be enforced by the district office (Please refer to the attached list of penalties)

	Date	Description	Vehicle registration	Amount to be deducted	Has matter been resolved by contractor
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

PRINCIPAL SIGNATURE:  
  
PRINT NAME:  
  
DATE:

SCHOOL DATE STAMP

**FOR USE BY EDUCATION DISTRICT OFFICE**

Claim received on .....and captured in the register.  
  
Signature:.....  
  
Print name:.....  
  
Date: .....

Number of learners certified as correct for payment.  
  
Signature:.....  
  
Print name: .....  
  
Date: .....