



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:

A2. Motivate the application:

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:

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:

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:

B4. Recommendation of Circuit Manager:

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

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

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: _____