

Department of Education & Science
School Transport Section

Portlaoise Road
Tullamore
Co. Offaly

Payment of a grant towards the cost of transporting a special needs child to school.

To be completed by the Principal of the school in question at the end of the school year.

Name of Child: _____

Name of School: _____

Roll No: _____

Total number of days on which the school was open during the month of:

July:	October:	January:	April:
August:	November:	February:	May:
September:	December:	March:	June:

Total number of days on which this child attended and received transport to and from school during the month of:

July:	October:	January:	April:
August:	November:	February:	May:
September:	December:	March:	June:

I certify that the above-named child _____ attended the above named school on the following number of days _____ during the school year ended 200__ and that punctual transport was provided for him/her on these days.

Full name and address of parent to whom cheque should be payable to:

Signed: _____
Principal.