

Application for Transport Special Case Consideration

SCHOOL DETAILS

School name		School contact		Contact phone	
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STUDENT DETAILS

Student name				Date of Application	
Residential address				Postcode	
Date of birth		Age		Current year level	

MAINSTREAM SCHOOLS ONLY - additional information

Travel assistance required?	School Bus Program	<input type="checkbox"/>	Conveyance Allowance	<input type="checkbox"/>
If school bus, is there seating capacity on service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Exact distance (in km) by the shortest practicable route	Home to school	km	Home to bus stop	km
Is this the students nearest mainstream school?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the student have any medical conditions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, briefly detail:

TRANSPORT ASSISTANCE DETAILS

Please state your reasons for submitting an application for special case consideration. Applications that do not meet the guidelines outlined on the DET website will not be considered. Continue on a separate page if necessary. For further detail in guidelines, see: <http://www.education.vic.gov.au/school/principals/management/Pages/specialcasestransport.aspx>

- Fare exemption to travel on government funded school bus to school other than nearest (detail ticket type)
- Public bus yearly fare (detail ticket type)
- Extension of the route (detail route name, contract # & km's)
- Conveyance allowance for public bus yearly fare
- Conveyance allowance for private bus travel
- Other (details)



Please ensure all supporting documentation for this application is provided

SPECIALIST SCHOOLS ONLY - additional information


Is the student funded by the Program for Students with Disabilities (PSD)?	Yes, funding level		No	<input type="checkbox"/>
Does the student have any medical conditions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, briefly detail:

Students nearest specialist school				
Does student reside in the DTA of the specialist school they are attending?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If no, which school DTA are they in?

Travel assistance required?	DET Funded Bus	<input type="checkbox"/>	Conveyance Allowance	<input type="checkbox"/>
If DET funded bus, is there seating capacity and time on the service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If yes, provide email confirmation from operator 

Exact distance (in km) by the shortest practicable route	Home to school	km	Home to bus stop	km
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TRANSPORT ASSISTANCE DETAILS

Please state your reasons for submitting an application for special case consideration. Applications that do not meet the guidelines on page 3 of this document will not be considered. Continue on a separate page if necessary.

- Access to a school bus in DTA at existing pick-up point (detail of existing stop and contract #, provide confirmation from operator)
- To continue to access current bus services in 2017 (detail of current service)
- Access to a DET school bus at an existing drop off inside the DTA (detail of existing stop and contract #)
- Other (briefly detail)



Please ensure all supporting documentation for this application is provided

PARENT/GUARDIAN DETAILS

Primary parent/guardian				Secondary parent/guardian					
Full name				Full name					
Relationship to student				Relationship to student					
Residential address	Same as above	<input type="checkbox"/>		Residential address	Same as above	<input type="checkbox"/>			
	Other (please specify below)	<input type="checkbox"/>			Other (please specify below)	<input type="checkbox"/>			
Phone				Phone					
Do you hold a valid driver's licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do you hold a valid driver's licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

TO BE COMPLETED BY THE SCHOOL

SCHOOL ENDORSEMENT

Full name				
Position		Phone		
I confirm that the school has endorsed this application for special case consideration.				
Signature			Date	

REGIONAL ENDORSEMENT (GOVERNMENT MAINSTREAM SCHOOLS ONLY)



Special case applications must be endorsed by your DET region. Please attach evidence of regional office approval.

CHECKLIST

Please ensure you have provided all the necessary information to support your application. **The application form must be submitted by the school and not a parent/guardian.**

School endorsement (signature on page 1 of this form)	<input type="checkbox"/>
Regional endorsement (government mainstream schools only)	<input type="checkbox"/>
Other relevant information to support your case (e.g. reports from doctors and/or social workers, operators, copy of court orders)	<input type="checkbox"/>