

PART A: TO BE COMPLETED BY THE STUDENT'S PARENT(S)

***Name of School:** _____



Parents have the primary responsibility for the transport of their children to and from school and are required to notify the school principal and the Assisted School Travel Program of any circumstances or change in circumstances likely to affect the student's entitlement to or ongoing need for transport assistance. Where information is found to be false or misleading, any decisions made on the basis of that information may result in the reversal of such decisions. The roles and responsibilities of parents are detailed in the [Assisted School Travel Program Guidelines](#), located on the department's internet site and available in hard copy on request from the Assisted School Travel Program.

STUDENT DETAILS

*First Name		Other Name/s		*Last Name	
*Date of Birth				*Gender	
*Full Residential Address					
Transport Address (If different to residential address)		AM:			
		PM:			
*Estimated Travel Distance between Home and School		kms	*Does this student travel independently outside of school hours?		Yes <input type="checkbox"/> No <input type="checkbox"/>
*TRANSPORT is requested for:					
		Start Date:	/	Finish Date:	/
<small>No later than last day of the school year</small>					
Monday	Tuesday	Wednesday	Thursday	Friday	
: am	: am	: am	: am	: am	
*Supervised by:					
: pm	: pm	: pm	: pm	: pm	
*Supervised by:					
*Are there other school aged children in your care enrolled at a Government or Non-Government School?					
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following details:					
Other Child(ren) Name(s)	Age	School	School Times	How do these children travel to school?	



YOUR PRIVACY PROTECTED

The NSW Department of Education is subject to the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002. Provisions of the department's Privacy Code of Practice also apply to the collection of information from parents and caregivers.

The information you provide is voluntary. If you do not provide all or any of this information, then the provision of assisted school travel may not be approved or may be delayed. Information from approved applications will be communicated to operators contracted to the department to provide transport services. Other persons and/or agencies that may be provided with this information are school staff, the transport driver and Assisted Travel Support Officer, Roads and Maritime Services (RMS), the Department of Transport, the Department of Family and Community Services and other government agencies.

The information received will only be used or disclosed for the following purposes:

- General student administration relating to the education and welfare of the student
- To determine the student's eligibility to access assisted school travel
- Communication with students and parents or carers
- To ensure the health, safety and welfare of students, staff and other occupants of a vehicle
- For any other purpose required by law

The information will be stored securely. You may access or correct any personal information by contacting the Assisted School Travel Program. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the Assisted School Travel Program e-mailing generalenquiries.astp@det.nsw.edu.au. The health-related information collected is subject to the Health Records and Information Privacy Act 2002. It is being collected for the primary purpose of ensuring the health and safety of all students, staff and occupants of the vehicle. It may be used and disclosed to medical practitioners, health workers, other government agencies and/or schools for this primary purpose, or for other, related purposes.

PARENT INFORMATION



	PARENT 1	PARENT 2
Title		
*First Name		
*Last Name		
*Relationship to Student		
Residential Address (If different to student's address)		
	State: Postcode:	State: Postcode:
Home Telephone Number		
*Mobile Number		
Email Address		
<p>*Please provide your reasons here why you are unable to provide transport for your child either fully or in part.</p> <p>Additional information can be attached to the application if there is insufficient space provided.</p>		

***Emergency Contact Details (This needs to be a person other than those listed above)**

Name of Person		
Home Phone No		
Mobile		

IMPORTANT: Please respond to the following questions if the reason/s you are unable to provide or arrange transport for the student includes: (1) work and/or (2) medical reasons and/or (3) study commitments

* (1) Do you work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If YES please provide the following details AND please note that the department may contact your employer if additional information of your employment is required in order to determine the student's eligibility to access assisted school travel</p>		
*Name of your Employer		
*Address		
	State: Postcode:	State: Postcode:
*Telephone Number		
*Details of employment:	Work Days: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Times:	Work Days: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Times:

	PARENT 1	PARENT 2
* (2) Do you have a medical condition or carer responsibilities that would prevent you supporting the student's travel to and/or from school?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
 If YES , please arrange for your medical practitioner to complete the department's <u>Medical Certificate</u> and attach it to this application AND please note that the department may contact your medical practitioner if additional clarification of your medical condition is required in order to determine the student's eligibility to access assisted school travel. Please note that will be unable to complete the processing of this application unless the medical certificate is attached.		
* (3) Do you attend a TAFE or University and would this attendance prevent you from providing or arranging transport for the Student to travel to and/or from school?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
 If YES , please provide the following details <u>AND</u> please note a copy of your timetable must be attached to this application <u>BEFORE</u> the application for assisted school travel can be assessed.		
*Name and address of Education Facility	Name:	
	Address:	
	State: Postcode:	State: Postcode:
	Telephone No:	Telephone No:
*Details of attendance	Days: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Times:	Days: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Times:

DECLARATION BY PARENT/S

Acknowledgement and Declaration of Accuracy (all boxes must be ticked):

- I acknowledge that access to assisted school travel will only be considered if my child (student) meets the eligibility criteria (as explained to me by the school principal) and if I am able to demonstrate to the satisfaction of the Department of Education that I am unable to provide or arrange transport for the student either fully or in part.
- I acknowledge that the Department of Education may disclose the information provided within this application in accordance with the details shown on page 2 of this application form.
- I acknowledge that the Department of Education may seek access to relevant information about this student and/or my personal circumstances from schools, health care professionals, my employer or education provider, other government agencies or relevant persons in order to assess the student's eligibility to access assisted school travel. I understand that should I refuse to allow this information to be obtained this application for assisted school travel cannot be processed.
- I understand that an assessment of the student's travel support needs will be undertaken as part of the application process and that access to assisted school travel cannot be guaranteed by the submission of this application.
- I declare that should the student be approved to access assisted school travel I will advise the school principal and the Assisted School Travel Program immediately of any changes to my circumstances that may affect the student's ongoing eligibility to access transport assistance.
- I declare that the information provided in this application for assisted school travel is, to the best of my knowledge and belief, accurate and complete. I recognise that should statements in this application later prove to be false or misleading, any decision made as a result of this application may be reversed.

 Signature of PARENT 1 _____  Signature of PARENT 2 _____

Date: _____

Date: _____

Checklist for Parent/s

Please ensure that all the required documents (as applicable) are attached to the application:

-  Medical Certificate/s (If Yes at Question 2 above)
-  TAFE or University Timetable/s (If Yes at Question 3 above)