

APPLICATION FOR TRANSPORT ASSISTANCE - STUDENTS WITH DISABILITIES

PLEASE READ BEFORE COMPLETING THE FORM

This form is to be used in conjunction with the Parent Information Brochure – “Transport Assistance for Children and Students with Disabilities”.

This form can be accessed through the DECD website

Transport assistance is a targeted service provided by the Department for Education and Child Development to support students with disabilities to attend school.

To be eligible for transport assistance a student must be identified as a student with disabilities as established by the policy, *Students with Disabilities* and who attends a special school, special class and/or special unit.

A separate application is required for each child for whom transport assistance is being sought.

Changes to Transport Assistance require a new application to be completed and approved.

Transport assistance may take the form of:

Direct Assistance

- Transport is provided by bus, taxi or an access cab.
- Students require consistent morning and afternoon addresses.
- It is the responsibility of parents/guardians to ensure supervision of students at collection points.

Public Passenger Transport Grant

- An allowance paid in advance on a per student basis in the form of an Annual Grant for travel on public transport.

Private Bus Fare Allowance

- Reimbursement on a per student basis of travel costs incurred on licensed bus services and claimable at the end of each school term.

Car Allowance

- An allowance payable on a per car basis at a prescribed rate per day and claimable at the end of each school term.
- In country areas, please indicate rapid response number (key tag) of the student's home and also the numbers of adjoining sections on the application.

FOR APPROVAL, RETURN APPLICATION TO:

Senior Transport Officer
Special Education
Office for Children and Young People
Department for Education and Child Development

Fax: 8115 5764

Email: DECD.SWADTransportApprovals@sa.gov.au

GPO Box 1152
Adelaide SA 5001

Courier: R11/46

1. STUDENT DETAILS

Family Name		Preferred Given Name		M <input type="checkbox"/>	F <input type="checkbox"/>
Is this student in receipt of any Commonwealth or State Services (eg Disability SA, Autism SA, Novita)?			Y <input type="checkbox"/>	N <input type="checkbox"/>	
NDiS Number: <input type="text"/>			Transport must be in the new client's plan for transport to be approved.		
Students new to transport will need either a NDiS plan including transport or be in receipt of Commonwealth State Services					
School:					
Special School <input type="checkbox"/> Special Class Junior Primary <input type="checkbox"/> Special Class Primary <input type="checkbox"/> Special Class Secondary <input type="checkbox"/>					
Special Unit Primary <input type="checkbox"/> Special Unit Secondary <input type="checkbox"/> Speech and Language Program <input type="checkbox"/> Inclusive Preschool Program <input type="checkbox"/>					
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Distance from School	<input type="text"/>
Under the Guardianship of the Minister?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Aboriginal /Torres Strait Islander?
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year Level of Student
Previous school				Was transport provided?	Yes <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

2. PARENT/CAREGIVER DETAILS

Family Name	<input type="text"/>	Preferred Given Name	<input type="text"/>
Residential Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Home phone no	<input type="text"/>	Mobile	<input type="text"/>
		Emergency	<input type="text"/>
Postal Address	<input type="text"/>		Postcode <input type="text"/>

3. NATURE OF TRANSPORT ASSISTANCE BEING SOUGHT

Please mark in appropriate box

(a) **Direct assistance**

- bus/taxi transport Please complete sections 4, 8
- access cab/specialised bus Please complete sections 4, 8

(b) **Financial Assistance**

- public passenger transport grant Please complete sections 5, 8
- private bus fare allowance Please complete sections 6, 8
- car allowance Please complete sections 7,8

Does the student need to travel in their wheelchair? Yes No

Does the student need to travel in a "Safe and Sound" type car seat? (Must be supplied by parent/caregiver). Please specify type of fitting required to secure seat. Yes No

Does the student need to travel in a booster seat? (Must be supplied by parent/caregiver) Yes No

4. DIRECT ASSISTANCE

AM Collect student from	<input type="text"/>	Emergency phone number for AM	<input type="text"/>
	<input type="text"/>	Mobile number	<input type="text"/>
PM Deliver student to	<input type="text"/>	Emergency phone number for PM	<input type="text"/>
	<input type="text"/>	Mobile Number	<input type="text"/>
Reasons for requesting transport assistance (special circumstances)			
Is there medical and/or health care information which relates to the provision of transport? (Please refer to Health Support Plan)			
Date direct assistance is first required <input type="text"/> <input type="text"/> <input type="text"/> (A minimum of 10 working days are required to activate transport)			

5. PUBLIC PASSENGER TRANSPORT GRANT

Date from which allowance is sought

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6. PRIVATE BUS DETAILS

Name of bus company

Fare

\$

per day/week/month

Date from which allowance is sought

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7. CAR ALLOWANCE DETAILS

Date from which allowance is sought

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No. of days travelled each week

Time travelled

am

pm

Circle the days student travels in the car

MON

TUE

WED

THU

FRI

Are you currently in receipt of a car allowance for any other student

Yes

No

If Yes answer following

Name of student/s

Name of school attending

8. PARENT/CAREGIVER DECLARATION AND CONSENT

I agree to ensure that a responsible adult will be present at all pre-arranged collection and drop off times, in accordance with the requirements of this application.

In the event of a medical emergency or behavioural problems during transport, I consent to the provider taking whatever appropriate action in consultation with the Department for Education and Child Development to facilitate the safety and well being of

Student's name

Can the student travel safely in a bus, taxi or access cab?

Yes

No

I certify that the information contained in this application is correct and I undertake to advise the principal immediately the student leaves school, changes school or changes address.

I understand that information recorded on this form will only be accessed by relevant school or corporate Department personnel to undertake administrative and student care responsibilities, including the provision of services and financial allocations. I understand that it will also be used to create necessary statistical information for state and local area enrolment projections, forward planning of educational facilities, and analyses of the composition and performance of the student population. I understand that the disclosure of personal information held by the Government is regulated by the Information Privacy Principles (Department of Premier and Cabinet Circular No. 12), and personal information will only be disclosed to State and Commonwealth public sector agencies for the stated purposes as permitted by those Principles. I understand that the Department will not otherwise disclose the information to others without consent.

Signature of parent/caregiver

Date: / /

COMMENTS

TO BE COMPLETED BY SCHOOL PRINCIPAL/DIRECTOR

If student ED ID is not completed this application cannot be activated.

School Partnership		ED ID													
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PRESENT SITE

Have parents/guardians been advised about public transport training for secondary students? Yes No

Has the student been identified as a student with disabilities as required by the policy Students with Disabilities? Yes No

Has the student a Health Support Plan? Yes No

Has the child/student been through a DECD placement process? Yes No

Name of recommending Principal

Signature _____ Date: / /

NEW INFORMATION

If this student is moving from your site to a new site e.g. primary school to high school, PLEASE pass this onto the student's new site for the new Principal to sign.

Your site is required to sign as you are aware if the student is safe to travel.

NEW SITE

Name of recommending Principal

Signature _____ Date: / /

OFFICE USE ONLY

Approved/Not approved _____ Date: / /

Comment _____

Approval details _____

Date Approval Expires: / /