

Form 5: Conveyance Allowance Application

- Bicycle travel

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| Year | |  | | Term | | | |  | | | | | | PLEASE ENSURE ALL PAGES ARE COMPLETED AND SIGNED | | | | | | | | | | | | | | | | | | |
| **APPLICANT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RESIDENTIAL STREET ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit # |  | | Street # | | |  | | | | | Address | | | | | |  | | | | | | | | | | | | | | | |
| Town/Suburb | | | | | |  | | | | | | | | | | | State | |  | | | | | | | Postcode | | | |  | | |
| Exact distance (in km) by the shortest practicable route | | | | | | | | | | | | | | | | | From home to school | | | | | kms | | | |  | | | | | |  |
| **PARENT/GUARDIAN DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | |  | | | | | | | Surname | | | | | | | |  | | | | | Telephone | | |  | | | | |
| First Name | | | | |  | | | | | | | Surname | | | | | | | |  | | | | | Telephone | | |  | | | | |
| Email | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TRAVELLER DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student one** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | |  | | | | | | Surname | | | | | |  | | | | | | Date of birth | | |  | | | Travel start date | | | |  | |
| School enrolled | | |  | | | | | | | | | | | | | | | | | | Year level | | | | | |  | | | | | |
| VSN | | |  | | | | | | | | | | | | | | | | | | FTE (must be 3 days or more attendance): | | | | | |  | | | | | |
| **Student claiming** (please use **X** to highlight) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To/from school | | | | | | |  | | | | | | Off campus only | | | | |  | | | | | To/From School and off campus | | | | | |  | | | |
| Single mode (One mode of transport only) | | | | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | | |
| **Student two** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | |  | | | | | | Surname | | | | | |  | | | | | | Date of birth | | |  | | | Travel start date | | | |  | |
| School enrolled | | |  | | | | | | | | | | | | | | | | | | Year level | | | | | |  | | | | | |
| VSN | | |  | | | | | | | | | | | | | | | | | | FTE (must be 3 days or more attendance): | | | | | |  | | | | | |
| **Student claiming** (please use **X** to highlight) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To/from school | | | | | | |  | | | | | | Off campus only | | | | |  | | | | | To/From School and off campus | | | | | |  | | | |
| Single mode (One mode of transport only) | | | | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | | |
| **Student three** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | |  | | | | | | Surname | | | | | |  | | | | | | Date of birth | | |  | | | Travel start date | | | |  | |
| School enrolled | | |  | | | | | | | | | | | | | | | | | | Year level | | | | | |  | | | | | |
| VSN | | |  | | | | | | | | | | | | | | | | | | FTE (must be 3 days or more attendance): | | | | | |  | | | | | |
| **Student claiming** (please use **X** to highlight) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To/from school | | | | | | |  | | | | | | Off campus only | | | | |  | | | | | To/From School and off campus | | | | | |  | | | |
| Single mode (One mode of transport only) | | | | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | | | |

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| OFFICE USE ONLY | | | | | | |
| Date Form Submitted | |  | Form Signed - Yes/No – if no, return to Parent/Guardian for signature | | | |
| Parent/Guardian signed? | |  | Date entered/assessed on SCAS |  | Eligible on SCAS - Y/N? |  |
| Have any of these students been granted eligibility on the basis of an exemption? If yes, specify exemption from policy e.g. lack of available spaces at nearest school/s, Special Case Panel Approval. Attach proof for this application e.g. Letter(s) confirming refused entry from all nearer schools is required to be submitted with the application. The letter(s) should be dated prior to the commencement date of the student at the school applying for the conveyance allowance. | | | | | | |
| Student one |  | | | | | |
| Student two |  | | | | | |
| Student three |  | | | | | |
| *Note*: Students not attending their nearest school/campus may qualify for a conveyance allowance in some circumstances only. Sibling rights do not apply in any of these circumstances. Further information regarding these circumstances can be found in the Conveyance Allowance Program policy available online at: <www.education.vic.gov.au/school/teachers/transport/Pages/conveyance.aspx> or by contacting your school. | | | | | | |

**OFFICE USE ONLY**

School SCAS Coordinator Name (please print):

School Signature – Principal / Delegate signature:

Date

**Eligibility**

An application on behalf of a student may be submitted if the student is:

• a Victorian resident;

• school aged and enrolled (3) three or more days per week at a school; and

• attending a school/campus located outside the Melbourne metropolitan conveyance boundary

A student who meets the above requirements may be eligible if they:

• attend their nearest or designated neighbourhood government school/campus appropriate to their year level, at which admission is permissible, or

• attend their nearest appropriate non-government school/campus appropriate to their year level, at which admission is permissible, and

• reside 4.8km or more by the shortest practicable route from the campus attended

***Note:*** Eligibility is assessed when the School completes your child’s application on the Student Conveyance Allowance System (SCAS). If approved, the allowance payable is based on the one way distance to make the journey to and from school. For further information regarding the Conveyance Allowance Program see: www.education.vic.gov.au/travellingtoschool

**PARENT/GUARDIAN TO COMPLETE:**

I certify that:

1. All the above details are true and correct to my knowledge.
2. I will notify the principal/delegate in writing within 7 days of any change of address or school.
3. The school will use personal information I have provided such as my address, child’s enrolment details to assess and confirm their eligibility for the Conveyance Allowance Program using the Student Conveyance Allowance System (SCAS).
4. I consent to release this information to Department of Education (DET) representatives to assist with assessing my application on SCAS.
5. I understand the conveyance allowance is for the student/s named on the application form/s and cannot be withheld by the school in lieu of fees or late payments.

Parent/guardian name (please print)

Parent/guardian signature

Date      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_