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Application for Transport Special Case Consideration

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| **SCHOOL DETAILS** | | | | | |
| School name |  | School contact |  | Contact phone |  |
| **STUDENT DETAILS** | | | | | |
| Student name |  | | | Date of Application |  |
| Residential address |  | | | Postcode |  |
| Date of birth |  | Age |  | Current year level |  |

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| **APPLICATION DETAILS** | | | | | | | | | | | | |
| Which type of transport assistance does this application relate to? | | | | | | | | | | | | |
| School Bus Program | | | Conveyance Allowance | | | | Students with a Disability Transport Program  *Proceed to* ***‘Specialist Schools Only’*** *section* | | | | | |
| Is the student enrolled at their nearest government school according to year level or their nearest non-government school according to denomination? | | | | | Yes | | | | | No | | |
| * If no, what is their nearest appropriate school? | | | | |  | | | | | | | |
| If bus travel is required, is there seating capacity on the service? | | | | | Yes | | | No | | | | N/A |
| What is the exact distance (in km) by the shortest practicable route? | | | | | Home to school:     km | | | | | Home to bus stop:     km | | |
| Does the student have any medical conditions? | | | | | Yes | | | | | No | | |
| * If yes, briefly detail the medical conditions: | | | | |  | | | | | | | |
| **SPECIALIST SCHOOLS ONLY** | | | | | | | | | | | | |
| Is the student eligible for the Program for Students with Disabilities or Disability Inclusion Tier 3 student-level funding? | | | | | Yes – Their funding level is: | | | | | | No | |
| Does student reside in the DTA of the specialist school they are attending? | | | | | Yes | | | | | | No | |
| If no, which school DTA are they in? | | | | |  | | | | | | | |
| **TRANSPORT ASSISTANCE REQUIRED** | | | | | | | | | | | | |
| Please select the reason for submitting an application for special case consideration. Applications that do not meet the guidelines outlined on the DE website will not be considered. <https://www.education.vic.gov.au/PAL/transport-special-case-consideration-info-sheet.docx> | | | | | | | | | | | | |
| Fare exemption to travel on government funded school bus to school other than nearest  Extension of the route (provide route name, contract # & km’s):  Conveyance allowance for public bus yearly fare (provide ticket type):  Conveyance allowance for private bus travel  Conveyance allowance for private car travel  **Specialist schools only:**  Access to a school bus in DTA at existing pick-up point (detail of existing stop and contract #, provide confirmation from operator)  Conveyance allowance for private car travel  Increased Conveyance allowance (include written quotes, see checklist below):  **Other:**  Other (briefly detail): | | | | | | | | | | | | |
| images | **Please ensure supporting documentation for this application is provided** | | | | | | | | | | | |
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| **PARENT/GUARDIAN DETAILS** | | | | | | | | | | | | |
| **Primary parent/guardian** | | | | | **Secondary parent/guardian** | | | | | | | |
| Full name | |  | | | Full name |  | | | | | | |
| Relationship to student | |  | | | Relationship to student |  | | | | | | |
| Residential address | | Same as student | | | Residential address | Same as primary parent/guardian | | | | | | |
| Other (please specify below) | | | Other (please specify below) | | | | | | |
|  | | | | |  | | | | | | | |
| Phone | |  | | | Phone |  | | | | | | |
| Do one or both parents/guardians hold a valid driver’s licence? | | | | Yes – Primary parent/guardian | | | | | Yes – Secondary parent/guardian | | | | |

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| **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. * I confirm that the application has been discussed with the Network School Bus Coordinator (School Bus Program only) | | | | |
| Signature | |  | Date |  |
|  | | | | |
| **REGIONAL ENDORSEMENT (GOVERNMENT MAINSTREAM SCHOOLS ONLY)** | | | | |
| images | Special case applications must be endorsed by your DE region (e.g. SEIL or Regional Director). Please attach evidence of regional office approval. | | | |

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| **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 completed |
|  | Regional endorsement evidence (email or letter) attached (government mainstream schools only) |
|  | Other relevant information to support your case attached (e.g. reports from doctors and/or social workers, bus operators, copy of court orders) |
|  | For Specialist School bus travel: Confirmation from the bus operator that there is capacity on the bus and that the application will not cause travel times to exceed 120 minutes |
|  | For increased conveyance for a private taxi: written quotes for a private taxi must support this application. The schools to assist families to arrange a taxi card where possible and to manage taxi invoice payments with any approved conveyance funding. |