

Form 4: Conveyance Allowance application

- Students attending a Specialist School or recognised Special Setting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year |      | Term |      | PLEASE ENSURE ALL PAGES ARE COMPLETED AND SIGNED |
| **If there are more than three students claiming from this home residence, please complete another Form 4 and attach together.**Note: Where there is more than one student in a private car, there are two rates claimable: ‘furthermost’ distance rate and ‘additional’ rate. Only one student can claim the ‘furthermost’ distance rate. Any other students are identified as ‘additional’ students. For public transport - a copy of your ticket/fare purchase should be attached to this form e.g. Victorian Student Pass, Transit Student Pass (the least expensive fare must be claimed).**Please complete Form 5** for Multi-mode conveyance allowance: when a student uses more than one mode of transport (e.g. private car and public transport or school transport service) for a journey between home and school.  |
| **APPLICANT DETAILS** |
| **RESIDENTIAL STREET ADDRESS** |
| Unit # |       | Street # |       | Address  |       |
| Town/Suburb |       | State |       | Postcode |       |
| Exact distance (in km) from home to school by the shortest practicable route  |      km |
| **PARENT/GUARDIAN DETAILS** |
| First Name |       | Surname |       | Telephone |       |
| First Name |       | Surname |       | Telephone |       |
| Email |       |
| **TRAVELLER DETAILS** |
| **Student one** |
| First Name |       | Surname |       | Date of birth |       | Travel start date |    |
| School enrolled |       | Year level  |       |
| VSN |       | FTE (student must attend 3 days i.e. FTE 0.6 or more): |       |
| **Student claiming** (please use **X** to highlight) |
| To/from school | [ ]  | Off campus only | [ ]  | To/From School and off campus | [ ]  |
| **Student two** |
| First Name |       | Surname |       | Date of birth |       | Travel start date |    |
| School enrolled |       | Year level  |       |
| VSN |       | FTE (student must attend 3 days i.e. FTE 0.6 or more): |       |
| **Student claiming** (please use **X** to highlight) |
| To/from school | [ ]  | Off campus only | [ ]  | To/From School and off campus | [ ]  |
| **Student three** |
| First Name |       | Surname |       | Date of birth |       | Travel start date |    |
| School enrolled |       | Year level  |       |
| VSN |       | FTE (student must attend 3 days i.e. FTE 0.6 or more): |       |
| **Student claiming** (please use **X** to highlight) |
| To/from school | [ ]  | Off campus only | [ ]  | To/From School and off campus | **[ ]**  |
| \*Travel educated students, travelling independently to and from school, may claim the conveyance allowance to access public transport irrespective of the availability of Students with Disabilities Transport Program (SDTP)-provided bus service or if they are less than the minimum distance criteria of 4.8km (please contact your school). For example, students undergoing travel training/education, where public transport is used, the allowance payable is based on the least expensive public transport fares.  |

**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

• attends a specialist school or recognised special setting anywhere in Victoria

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

• reside within the Designated Transport Area (DTA) for the Government Specialist School attended and is on the Program for Students with Disabilities (PSD)/ Disability Inclusion Tier 3 student-level funding, or

• attend their nearest appropriate non-government specialist school, or

• attend their nearest recognised special setting, and

• reside 4.8km or more by the shortest practicable route from the school/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.

A student may be eligible for the conveyance allowance if a physical, behavioural or health reason prevents them from accessing the bus. The School must inform the Student Transport Unit whether a student is accessing a bus or a conveyance allowance claim to assist with management of bus loadings on services.

Students who are privately transported 4.8km or more to meet public or school transport services may be able to claim a private car conveyance allowance as well (Multi mode).

For further information regarding the Conveyance Allowance Program see: https://www2.education.vic.gov.au/pal/conveyance-allowance/policy?Redirect=1

**\*Multi-mode conveyance allowances**

Multi-mode conveyance allowance applies when a student uses more than one mode of transport (e.g. private car and public transport) for a journey between home and school.

Refer to Form 5.

|  |
| --- |
| OFFICE USE ONLY |
| Date Form Submitted |       | Form Signed - Yes/No – if no, return to Parent/Guardian for signature |
| Copy of ticket/fare purchase attached? |       | Proof of fare/ticket - Yes/No – if no, return to Parent/Guardian for copy to attach |
| Parent/Guardian signed? |       | Date entered/assessed on SCAS |       | Eligible on SCAS - Y/N? |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Ticket Frequency (circle): | Daily | Weekly | Fortnightly | Monthly | Term | Half Yearly | Yearly |
| Ticket Amount: |  |
| Service Operator (if known) |  |
| Service Route (if known): |  |
| Have any of these students been granted eligibility on the basis of an exemption? If yes, specify exemption from policy e.g. Special Case Panel Approval. Attach proof for this application e.g. A letter confirming panel approval or Student Transport Unit approval. |
| Student one |  |
| Student two |  |
| Student three |  |
| ***Note*:** 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: https://www2.education.vic.gov.au/pal/conveyance-allowance/guidance or by contacting your school. |

**OFFICE USE ONLY**

School SCAS Coordinator Name (please print):

School Signature – Principal / Delegate signature:

Date

**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 (DE) 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.
6. I understand my signed consent is required with this application form for the school to keep the conveyance allowance as a contribution towards privately procured transport services to and from school only (*if you agree to give consent, please complete/sign consent below*).

Parent/guardian name (please print)

Parent/guardian signature

Date

**PARENT/GUARDIAN CONSENT FOR SCHOOL TO WITHHOLD CONVEYANCE ALLOWANCE:**

I consent that:

1. The conveyance allowance payable to the student/s named on this application form will be withheld by the school as a contribution towards privately procured transport services to and from school only.
2. I understand there may be additional costs incurred which the school may request that I cover.
3. I understand the conveyance allowance cannot be withheld or contribute towards procured bus services for school excursions.
4. I will notify the principal/delegate in writing if I wish to withdraw my consent to withhold my child’s conveyance payments.
5. I understand withdrawal of my consent may not be effective until the next term claim period.

Parent/guardian name (please print)

Parent/guardian signature

Date