

2019 CONTINUING REQUEST FOR SPECIAL NEEDS TRANSPORT

A Transport Request form is required each year for every student requiring transport. This form needs to be completed for students who have been provided with travel assistance in 2018 and who seek travel assistance in 2019.

All sections of this request are to be completed. Incomplete requests will not be processed.

All requests **must** be returned to your school by **Monday 19 November 2018**.

Child's Surname	Child's Given Name	Date Of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/ Carer Name/s		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer	
E-Mail Address			
Home Address (Child's Residence)			
Phone (Business Hours)	Phone (After Hours)	Mobile	
Nominated Responsible Persons - A responsible and competent person (18 years or older, or a person with the consent of the parent/ carer of the child) is at the designated location at the designated time to meet the child.			
NAME	Relationship to Child	Contact phone number	

Request for Transport Details (please fill in for all days of the week, morning and afternoon)

AM	Pick Up Address	School Start Time	Pick Up Time (Office Use Only)	Name of School for Drop Off
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
PM	Name of School for Pick Up	School Finish Time	Pick Up Time (Office Use Only)	Drop Off Address
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Requested Date to Commence _____ Date Service is to finish _____

ADDITIONAL INFORMATION (School/parent to provide) (THIS SECTION MUST BE COMPLETED - provide details and attach all relevant pla

In order for the transport provider to transport your child safely, supply details regarding student's disability, medical needs, allergies and behaviour needs

____ Describe any triggers or warning signs of each condition.

Is there any additional information regarding the students travel abilities?

Are there other school aged children in your care enrolled at a Government or Non-Government School?

☐ YES

☐

If yes, please provide the following details

Other Students Name/s	Age	School Enrolled	School Times	How do these students travel to school

Declaration

I **(parent/carer)** _____ agree that should my request for transport assistance be approved, that I or a designated responsible person will be present to ensure the child is placed on the transport provided from the designated pick up location and/or is available to collect the child from their designated drop off location.

I also understand that students are picked up and/or dropped off door to door where possible and that all travel services will depend on accessibility of the home. If the students address is not suitable for bus access another pickup/drop off location close to the students address may be advised. In some circumstances students may be required to be picked up and/or dropped off at designated group locations.

Signed **(parent/carer)** _____

Date _____

School Contact Details (School to complete)

School Contact _____ School Phone _____

Year of Schooling (Please circle relevant year)

Transition	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12

Department of Infrastructure, Planning and Logistics (DIPL)

Date Received from School _____ Name of Receiving Officer _____

Transport Confirmed **YES/NO** Transport Waitlisted **YES/NO** Date _____