

# 2020 Continuing Request for Special Needs Transport

This form needs to be completed for students who have been provided with travel assistance in 2019 and who seek travel assistance in 2020. 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 25 November 2019**.

The school must be notified of any other changes in circumstances as soon as possible.

Child's Full Name	
Home Address (Child's Residence)	
School Year in 2020	Date Of Birth
Requested Date to Commence	Date Service is to Finish

## 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				

## 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