



2016 CHANGE REQUEST of Special Needs Transport

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

Allow up to 5 working days from receipt of application by the Public Transport Division

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 drop off 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				

If there is any change to assistance for student when in transit, please attach additional information. ☐ Attached

Requested Date to Commence _____ Date Service is to finish _____

Signed(parent/carer) _____ Date: _____

School _____ School Contact _____