



SPECIAL NEEDS TRANSPORT NEW STUDENT 2015

RETURN ADDRESS: Education and Training Directorate, Special Needs Transport, Disability Education, GPO Box 158, CANBERRA ACT 2601
Phone: 620 59196 | Fax: 620 55447 | Email: specialneedstransport@act.gov.au

Families are responsible for transporting their child to school. However special needs transport assistance may be provided for eligible students where families are unable to provide or arrange transport themselves.

STUDENT'S FAMILY NAME:	
STUDENT'S GIVEN NAME(S):	
DATE OF BIRTH:	
SEX:	MALE FEMALE
HOME ADDRESS:	
SUBURB:	POSTCODE: .
ADDRESS FOR TRANSPORT: (If different from residential address)	
SUBURB:	POSTCODE: .
SCHOOL ATTENDING IN 2015:	

EMERGENCY CONTACT (must be completed in order to process this form) (Should be someone in close vicinity to home. This contact will be used in the event of a parent/carer not being present at an arranged drop-off address. This cannot be a person residing with the child)	
NAME:	PHONE:
ADDRESS:	

1. Does your child experience difficulties with mobility? If YES please provide details	YES NO			
2. Is your child transported in a wheelchair?	YES NO ELECTRIC FOLDING FIXED			
3. Is your child able to use public transport? If NO please state reason why	YES NO			
4. Please provide a short supporting statement as to why parent/carer is unable to provide transport. (Applications cannot be processed until this statement is provided, attach a separate page if necessary: click here for extra space)				
5. Is transport required for the whole school year?	YES NO FROM TO			
6. Is Special Needs Transport required on a full or part time basis? Please tick appropriate boxes.				
MON AM	TUE AM	WED AM	THU AM	FRI AM
MON PM	TUE PM	WED PM	THU PM	FRI PM
7. Does your child have an allergy? If YES please list allergy and reaction.	YES NO			

8. Please describe details of particular health problems and/or behaviour issues that the driver should be aware of in order to transport your child safely. Please list any strategies that will help your child with these issues when he/she is in the taxi/bus.

9. Please provide any specific seating requirements that are required to transport your child safely (eg. booster seats, etc)

ELIGIBILITY FOR SPECIAL NEEDS TRANSPORT

The above mentioned student is enrolled in:

Primary Learning Support Centre	Learning Support Unit	Support Class Language
Primary Hearing Impaired Unit	Specialist School	

Please Note: Students enrolled in a high school and college Learning Support Centre are not eligible for transport. Transport for college students enrolled in a LSU is not currently granted. For enquiries contact the administrator on 6205 9196.

BEHAVIOUR

If a student’s behaviour jeopardises the safety and wellbeing of others on the bus, the transport provider may decline to transport the student. In such a case, parents/carers will assume responsibility for transport.

PARENT/GUARDIAN TO READ AND SIGN

I certify that all particulars provided in this application are true and correct to the best of my knowledge. The Emergency Contact (as above) is aware that in case of emergency their contact details may be released to transport providers. I also agree that should the above mentioned circumstances change and the student in my care is then able to be transported by other means, I will contact the Education and Training Directorate on 6205 9196.

I have read and understood the criteria and conditions outlined in the above application.

PARENT/GUARDIAN’S NAME:			
RELATIONSHIP TO STUDENT:			
CONTACT NUMBERS:	Home:	Work:	Mobile:
EMAIL ADDRESS:			
SIGNATURE:			DATE:

The Education and Training Directorate collects this information in order to provide bus transport to and from school for children with special needs. The Directorate will give student names and addresses for transport to individual schools and transport providers for the purpose of providing transport. Other information on this form may be provided to the school or transport provider in the case of an emergency.

The information contained on this form is personal information and will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1988* and *Freedom of Information Act 1989*.

OFFICE USE ONLY		START DATE:	
Provider notified	APPROVED	Parent/ carer notified	
School notified	DECLINED	Letter sent	Approved by Manager/Disability
Reason		Signature	

4 (cont. from page 1). Additional space, if required, for a short supporting statement as to why parent/carer is unable to provide transport.
(Applications cannot be processed until this statement is provided).