



ACT DEPARTMENT OF EDUCATION AND TRAINING
SPECIAL NEEDS TRANSPORT - NEW STUDENT 2011

Education and Training

RETURN ADDRESS: ACT Department of Education and Training
Special Needs Transport, Student Services, Disability Education
GPO Box 158, CANBERRA ACT 2601

Ph: 6205 9196 | fax: 6205 5447 | Email: specialneedstransport@act.gov.au

**The responsibility for transporting students to and from school lies with the parents/caregivers.
However in certain circumstances Special Needs Transport assistance may be provided.**

STUDENT'S FAMILY NAME

DATE OF BIRTH

 / /

STUDENT'S GIVEN NAME(S)

SEX

MALE

FEMALE

HOME ADDRESS

SUBURB

POSTCODE

ADDRESS FOR TRANSPORT

(if different from residential address)

SUBURB

POSTCODE

SCHOOL ATTENDING IN 2011

SCHOOL HOURS

1. Does your child experience difficulties with mobility?

YES **NO** *If YES please provide details*

2. Is your child transported in a wheelchair?

YES **NO**
 FIXED **FOLDING**

3. Is public transport available?

YES **NO**

4. Is your child able to use public transport?

YES **NO** *If NO please state reason why?*

5. Please provide a short statement as to why parent/carer is unable to provide transport.

(Applications cannot be processed until this statement is provided)

6. Is Special Needs Transport required on a full or part time basis?

Please tick appropriate boxes.

MON AM **TUES AM** **WED AM** **THURS AM** **FRI AM**
 MON PM **TUES PM** **WED PM** **THURS PM** **FRI PM**

7. Is Transport required for the whole school year?

YES **NO** *If NO please provide dates*

From / / to / /

8. Does your child have an allergy?

YES **NO** *If YES please list allergy and reaction.*

9. 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.

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

10. **TRAVEL TRAINING**

(a program run with your school to teach your child to travel independently)

Is travel training appropriate?

YES **NO** *If NO please advise reason*

PRINCIPAL'S RECOMMENDATION (must be signed in order for application to be processed)

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 an LSU is not currently granted, for enquiries contact the administrator on 6205 9196.

The information provided by the parent/caregiver is to the best of my knowledge true and correct. I recommend/do not recommend the provision of special transport for the student described in the application. I agree with the supporting statement/s referred to above from the parent/caregiver and I certify that this child is enrolled at this school.

PRINCIPAL **SCHOOL**

SIGNATURE **DATE** / /

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

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/carer 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 Department of Education and Training.

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

PARENT/GUARDIAN'S NAME

RELATIONSHIP TO STUDENT

CONTACT NUMBERS **H.** **W.** **M.**

EMAIL ADDRESS

The Department of Education and Training collects this information in order to provide bus transport to and from school for children with special needs.
The department 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

Reason **Signature**