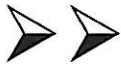


# School Transport Application for Assistance Form



**Privacy Act 1993 Statement:** *The information entered on this form will be used by the Ministry of Education only for statistical information and the purpose of funding school transport.*

## School Transport: Application for Assistance

For Official Use Only					
• Rec'd	____ / ____ / ____	• Student No	_____	• Distance	_____
• Approved From	____ / ____ / ____	• Application No	_____	• Approved by	____ / ____ / ____
• Date Declined	____ / ____ / ____	• FMIS No	_____	• Loaded by	____ / ____ / ____
• Date Caregiver & School Advised	____ / ____ / ____	• Bus Routes (if applicable)	_____	• QC by	____ / ____ / ____

### Section A To be Completed by the Caregiver

**1. Student Details** Please print clearly (this will assist the processing of your application)

Student's name:	First names:
	_____
	_____
Name of school enrolled at:	_____
	_____
Residential address:	House number:
	_____
	Street/Road name:
	_____
	Suburb:
	_____
	City/town
	_____
Emergency services/ R.A.P.I.D.	_____
Student's date of birth:	____ / ____ / ____
Gender (please ✓ one):	<input type="checkbox"/> Male <input type="checkbox"/> Female

Ethnicity - which ethnic group does the student belong to? (please ✓ one)

- NZ European
- Pacific Island
- Maori
- Asian
- Other (please specify) \_\_\_\_\_

*This information is collected for statistical purposes only.*

Distance one way from:

Home to school bus stop: \_\_\_\_\_ km

Home to public transport stop: \_\_\_\_\_ km

Home to nearest school: \_\_\_\_\_ km

Home to school attended: \_\_\_\_\_ km

Nearest School is: \_\_\_\_\_

School previously attended: (if appropriate)

Name: \_\_\_\_\_

Location: \_\_\_\_\_

**PLEASE NOTE: If the student travels the full distance from home to school by private vehicle, or travels more than 2.4 km to the school bus stop, he/she may be eligible for a conveyance allowance.**

**I think I am eligible for a conveyance allowance:** Yes  No

*If you think you are eligible for a conveyance allowance please attach a verified bank generated deposit slip for the account you would like the money to be deposited into.*

The attached deposit slip is for: the caregiver's account  another account

If the account is not the caregiver's please give name of account: \_\_\_\_\_

*Completion of this section is a legal requirement before any payments can be made.*

*If this application is declined any bank account information which has been provided will be destroyed.*

**2. Caregiver Details**

Title: (please circle) Mr Mrs Ms Miss No title

Name: First names: \_\_\_\_\_

Postal address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

Date student enrolled in present school: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date assistance required from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**5. Declaration of Enrolment**

I declare that:

\_\_\_\_\_

(name of student applying for assistance)

Is enrolled at:

\_\_\_\_\_

(name of school)

I declare that the information entered on this form is true and correct. I undertake to notify the Service Agent of any changes to the information entered on this form, or of changes in a student's eligibility for school transport assistance.

Signature:

\_\_\_\_\_

Principal/ Bus Controller

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_



**Send form to the Service Agent for processing**