

School Transport: Application for Assistance

It is important to read the information on this page before completing the application form.

- Students may be eligible for school transport if:
 - they are under 10 years old and live more than 3.2km from the nearest school; or
 - they are 10 years old and over and live more than 4.8 km from the nearest school; and
 - they do not have access to public passenger service transport.
- This form is to be completed by the caregivers of students using school buses or claiming school transport allowances.
- This application form is made up of two sections.
Section A: Caregiver to complete, then send the form to the school the student is attending

Section B: Principal or Bus Controller to complete, then send the form to the local School Transport Service Agent
- This application form is for **ONE STUDENT ONLY**.
 If you are applying for assistance for more than one student, you will need to complete an application form for each student.
- Students receiving a Government Boarding Bursary are not eligible to apply for School Transport Assistance. Please contact your local office of the Ministry of Education if you require further information.

	Yes	No
This is a new application	<input type="checkbox"/>	<input type="checkbox"/>
This is a re-application	<input type="checkbox"/>	<input type="checkbox"/>

School Transport Application for Assistance Form



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: _____
	Last name: _____
Name of school enrolled at:	_____

Residential address:	House number: _____
	Street/Road name: _____
	Suburb: _____
	City/town _____
Emergency services/ R.A.P.I.D. no:	_____
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)	<input type="checkbox"/> NZ European <input type="checkbox"/> Pacific Island <input type="checkbox"/> Maori <input type="checkbox"/> Asian <input type="checkbox"/> Other (please specify) _____
	<i>This information is collected for statistical purposes only.</i>
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: _____
Last name: _____

Postal address: _____

Contact phone number: (home) _____ (work) _____

Fax number: _____

Email address: _____ @ _____

Date student enrolled in present school: _____ / _____ / _____

Date assistance required from: _____ / _____ / _____

(Note: Assistance backdated only to beginning of term prior to term received by Service Agent)

Are there other students in your household **applying for** or **already receiving** School Transport Assistance? (Please ✓)

No (Go to No 3) Yes (Complete details for the other students, then go to 3)

Student name	Name of School Attended by Student

3. Declaration

I declare that the information entered on this form is true and correct. I undertake to notify the school and the Service Agent of any changes to the information entered on this form.

Signature: _____ Date: _____ / _____ / _____
Caregiver



Send this form to the Principal or Bus Controller of the school the student attends, to complete Section B

Section B *To be Completed by the Principal or School Bus Controller*

3. School Details *Please Print Clearly*

School name: _____

School number: _____

4. Suggested Student Transport

The suggested transport for this student is: Conveyance Allowance School Bus

If Bus – Route Number/Name: No: _____ Name: _____

Comment: _____

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: _____ Date: ____/____/____
Principal/ Bus Controller



Send form to the Service Agent for processing