

Special Education School Transport Assistance – Change of Information Form

This form is to advise the Service Agent if there are changes to information already held – it is NOT an application form

Section A To be completed by the Caregiver. Parts 1 & 3 MUST be completed. Complete part two in places where there is a change to the information already held.

Section B To be completed by the school the student currently attends.

1. Student Details

Student's name:	
Student's Date of Birth	
Enrolled School	

2. Caregiver Details

Title: Mr/Mrs/Ms/Miss/	(circle one)
Name:	
Postal address:	
Contact phone number:	
Mobile phone number:	
Fax number:	
Email address:	@
Does the student require a:	Taxi: <input type="checkbox"/> Conveyance Allowance: <input type="checkbox"/> Other: <input type="checkbox"/>

3. Declaration

I declare that the information entered on this form is true and correct. I undertake to notify GSE/Fundholder and the Ministry Service Agent of any changes to the information entered on this form or on the original application to which it relates.

Name of Parent/Caregiver	Signature	Date
		/ / /

Section B To be completed by the school the student currently attends

4. Weekly Itinerary

If the student's timetable has been altered, show the new timetable below:

- Enter departure and arrival locations and estimated arrival/pick up times on applicable days in the table below.
- Assistance is for **two** trips per day
- Trips are from the school/special facility to the residential/respite care address previously notified. **Please note: If a new address is specified a new special education school transport assistance application form must be completed.**

Trip	From	To	Taxi	Conveyance	School arrival/departure time (approx)
Monday (am)					
Monday (pm)					
Tuesday (am)					
Tuesday (pm)					
Wednesday (am)					
Wednesday (pm)					
Thursday (am)					
Thursday (pm)					
Friday (am)					
Friday (pm)					

5. Further Details

Changes to Student's requirements: (please ✓ one)	Can share a taxi:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Able to utilise ordinary school bus:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Able to utilise special needs bus: If yes give route no/name:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Using private means of conveyance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Total Mobility Van (TMV) required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Start date: / /		Review date (if for less than one year): / /	

6. Declaration

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 on the original application to which it relates.

Principal of School	Signature	Date

Please send the completed form to the service agent