Application for Transport Assistance

Terms and Conditions of Travel

Travel by School Bus

- All students must obey the ‘Code of Conduct’ for travel on school buses.
- Where specific arrangements have not been made with the contractor/driver, parents/carers must accompany students to and from the bus stop.
- Parents/carers must notify the contractor/driver of any changes to a student’s travel schedule.
- Students must use the bus service regularly, i.e. a minimum six trips per week.
  
  Note: If the student does not use the service regularly, their entitlement will be handled as if they were a Complimentary Passenger.
- Parents/carers must notify the Public Transport Authority (PTA) when a student’s custodial circumstances change.

Complimentary Passengers

Students who are not eligible for Transport Assistance may be allowed to travel as Complimentary Passengers subject to the following conditions:

- students may travel as Complimentary Passengers with the approval of the PTA;
- there must be a seat available on the school bus the student wishes to travel on, i.e. no Eligible student who is entitled to travel on the bus will be denied travel because of the presence of Complimentary Passengers; and
- the bus stop for the student must be on the approved route. The provision of transport to Complimentary Passengers should not result in any additional cost to the PTA.

Medical Condition, Physical Mobility or Impairment

If a student has a medical condition, physical mobility issue or impairment, you must complete an Integrated Care Plan Request form.

Conveyance Allowance

- The parent/carer must provide complete and accurate information on their Transport Application form and Conveyance Allowance claim forms.
  
  Note: Conveyance Allowance claims are auditable. Fraudulent claims will be treated seriously and the PTA will recoup any overpaid monies.
- Distances provided by parents/carers must be accurate to within 100 metres and must be measured along the shortest practical route.
- If an appropriate bus service is available, a Conveyance Allowance may be paid for travel to the nearest bus stop (Note: must reside more than 2.5 km from the bus route).
- Parents/carers must submit a new Application for Transport Assistance if the student’s circumstances change, e.g. if they change: address or school.

Parent / Carer

I agree to the Terms and Conditions of Travel.

Signature ____________________________

Date ____________________________

You can obtain more information about applying for Transport Assistance and complete this form online through the School Bus Services website at: www.schoolbuses.wa.gov.au
1. Eligibility Criteria

(A) Students Attending Mainstream Schools

To receive Transport Assistance for travel to mainstream schools, you must answer ‘yes’ to all of the criteria below:

(i) Is the student enrolled at their Nearest Appropriate School? [ ] Yes [ ] No
(ii) Does the student reside outside a designated Public Transport Area? [ ] Yes [ ] No
(iii) Is the student enrolled in a pre-compulsory or compulsory education period? [ ] Yes [ ] No
(iv) Will the student regularly use their approved school bus? [ ] Yes [ ] No
(v) Does the student reside more than 4.5 km from their school? [ ] Yes [ ] No

(B) Students Attending Education Support Facility

Note: If the student attends an Education Support Facility, please complete an Integrated Care Plan Request form.

To receive Transport Assistance for travel to an Education Support Facility, you must answer ‘yes’ to all of the criteria below:

(i) Is the student enrolled at a Government or non Government Education Support Facility? [ ] Yes [ ] No
(ii) Is the student unable or not competent to make their own way to their Education Support Facility safely? [ ] Yes [ ] No
(iii) Will the student be regularly attending the facility and using their approved transport service? [ ] Yes [ ] No

2. Complimentary Passenger

If you have answered ‘No’ to any of the above criteria or PTA determines the student is not eligible for Transport Assistance, do you wish to apply for the student to travel on a school bus as a Complimentary Passenger, subject to a seat being available? [ ] Yes [ ] No

Note: If you have answered ‘yes’ you should be aware that complimentary travel is not an entitlement but may be offered where circumstances permit.

3. Family Details

If you have an existing Family Identification Number; please provide: __________________________________________

Note: You can proceed with this application if you don’t know the number.

4. Parent / Carer Details

First Name __________________________ (Mr / Mrs / Ms) Surname __________________________

Sex (M / F) M [ ] F [ ] Date of Birth / / 

Phone Number (Home) __________________________ Phone Number (Work) __________________________

Phone Number (Mobile) __________________________ Email __________________________

Residential Address __________________________ Postcode __________________________

Postal Address (if not the same as your Residential Address) __________________________ Postcode __________________________

Nearest Intersection (this information is required to assist with locating your property) __________________________________________
Application for Transport Assistance

5. Student’s Details

Please note: If you are including more than one student in your application, please complete the Transport Assistance Appendix - Additional Student form for each additional student that requires Transport Assistance.

First Name ___________________________ Surname ___________________________

Sex (M / F)  M  F  Date of Birth ______/_____/____

Year of Study (please circle relevant year)

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<tr>
<th>Kindergarten</th>
<th>Pre Primary</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
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<th>Year 12</th>
<th>Year 13</th>
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Name of School __________________________________________________________

Name of bus service (if known) __________________________________________

When would you like the student to start using the bus service? Day ______ Month ______ Year ______

Note: Manually lodged application forms will take longer to process than applications lodged online through the School Bus Services website.

Applicant’s relationship to the student  Parent  Carer  Other ________________________________

Student’s address

Is the student’s address different from the Parent/Carer’s address? Yes  No __________

If ‘Yes’ please provide Residential Address __________________________________________

Bus Usage

To be eligible for Transport Assistance the student must travel to school a minimum of six trips per week, (except kindergarten students). Please tick the boxes below to indicate the days the student will be travelling on the bus.

<table>
<thead>
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<td>PM</td>
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</tbody>
</table>

Comments (only required if travelling less than six trips per week) __________________________________________

Transport Preference (Applicable for Education Support Students only)

Please indicate your preference (tick only one box)

• I prefer the student to travel on a school bus  
• I prefer to be paid a Conveyance Allowance

Please provide a reason for your preference __________________________________________

Pick-up/Drop-off Location (Applicable for Education Support Students only)

Is the pick-up and drop-off location the same as the residential address? Yes  No __________

If No, please provide details __________________________________________
Morning Bus Stop (Applicable for Mainstream Students only)

I would like to use an existing bus stop
Yes ☐ No ☐
If ‘No’ provide details of alternative bus stop, e.g. road name, location number
and description of the location including nearest intersection

Afternoon Bus Stop (Applicable for Mainstream Students only)

I would like to use an existing bus stop
Yes ☐ No ☐
If Yes, please specify existing location

If No, please provide details of alternative bus stop, e.g. road name, location number
and description of the location including nearest intersection

Custodial Matters / Shared Care

Are there any custodial or shared care matters relating to the student?
Yes ☐ No ☐
If ‘Yes’ please provide comments on what effect this could have on their
travel arrangements. (Documentation maybe required to verify information)

Medical Conditions, Physical Mobility or Impairment

Does the student have: a medical condition, physical mobility issue or any impairment?
Yes ☐ No ☐
If ‘Yes’ please complete an Integrated Care Plan Request form.

6. Conveyance Allowance

What is the shortest practical distance from the student’s home to the student’s school (one way)? \( \square \) km
Applicable for Mainstream Students only
What is the shortest practical distance from the student’s home to the bus stop (one way)? \( \square \) km
Comments (optional)

7. Alternative Contacts

Please provide the name and contact details of at least two individuals who the PTA or the bus contractor/driver can contact in the unlikely event of an emergency.

Contact 1

First Name ___________________________ (Mr / Mrs / Ms) Surname ___________________________
Phone/Mobile Number ___________________________
Residential Address ___________________________
Relationship to Student ___________________________
Application for Transport Assistance

Contact 2
First Name ___________________________________________ (Mr / Mrs / Ms) Surname _______________________________________
Phone/ Mobile Number ____________________________________________
Residential Address ________________________________________________
Relationship to Student _____________________________________________

Contact 3 (Optional)
First Name ___________________________________________ (Mr / Mrs / Ms) Surname _______________________________________
Phone/ Mobile Number ____________________________________________
Residential Address ________________________________________________
Relationship to Student _____________________________________________

Third Party Declaration
Are you completing this form on behalf of the parent/carer? Yes ☐ No ☐
If ‘yes’, it is your responsibility to ensure the parent/carer of that family is fully aware of the Terms and Conditions of Travel on a school bus.
Have you ensured that the parent/carer is aware of the Terms and Conditions of Travel? Yes ☐ No ☐
Your School / Organisation’s Name ___________________________________________
First Name _______________________________________________ (Mr / Mrs / Ms) Surname _______________________________________
Your Contact Phone Number __________________________________________
Your Email Address _________________________________________________
Signature ___________________________________________ Date _______________________________

Parent / Carer Declaration
I declare that I have provided all the required information.

Note: If all required information is not correctly provided, delays in processing this application may occur.

First Name ___________________________________________ Surname ___________________________________________
Signature ___________________________________________ Date _______________________________

Once completed and signed, send to:
School Bus Services
P.O. Box 8125
Perth Business Centre
Western Australia, 6849
Or fax to: 9326 2781
Or Email to: Schoolbus@pta.wa.gov.au