

School Transport Assistance Application Form

Please read the information on this page before completing the application form

School Transport Assistance eligibility

To be eligible for School Transport Assistance a student attending a state or state-integrated school must meet **all** of the following criteria:

- the student's home must be more than:
 - 3.2km from their nearest appropriate school if they are in years 1 – 8
 - 4.8km from their nearest appropriate school if they are in year 9 or over
- Suitable public transport is not available anywhere between the student's home and their nearest appropriate school

When should this form be completed?

This application form is for **one student only**. All other students must have their own individual form.

This application form is to be completed when applying for a place on a Ministry funded school bus or a conveyance allowance.

Which sections do I need to fill out?

This form has the following sections:

- Section A – to be completed by the caregiver, and then forwarded to the student's school;
- Section B – to be completed by the Principal or School Bus Controller and then forwarded to the Ministry's local Service Agent for processing

Section A – to be completed by the caregiver

Privacy Statement: The personal information on this form is being collected for the purpose of allocating and providing school transport assistance. It will not be used or disclosed for any other purpose except in accordance with the Privacy Act 1993. The information collected will be held by the Ministry of Education, Education Infrastructure Service, 45-47 Pipitea Street, Thorndon, PO Box 1666, Wellington, 6140 and you have the right under the Privacy Act to request access to and correction of this information.

The application must be fully completed. Clear printing will assist processing your application.

Student details

| | |
|--|--|
| First name | |
| Family name | |
| School attending | |
| Address | House number or name |
| Emergency services rapid number | |
| Street name | |
| Suburb | |
| City/Town | Postcode |
| Date of birth | Year level |
| Gender | <input type="checkbox"/> male <input type="checkbox"/> female |
| Student ethnicity | <input type="checkbox"/> NZ European <input type="checkbox"/> Pacific Island <input type="checkbox"/> Māori <input type="checkbox"/> Asian <input type="checkbox"/> Other, please specify: |
| <i>This information is collected for statistical purposes only</i> | |

Distances

Please list the one way distances 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 | |
| School previously attended | |

Conveyance allowance

If the student travels the full distance from home to school by private vehicle, or travels more than 2.4km to the school bus stop, their caregiver may be eligible for a conveyance allowance.

I think I am eligible for the conveyance allowance: yes no

If you think you are eligible for a conveyance allowance, you will need to attach a verified bank generated deposit slip or statement for the account you would like the allowance to be deposited into.

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

If the account is not the caregiver's please provide the name of the account holder: _____

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.

Attach Deposit Slip here (only if applying for a Conveyance Allowance)



The National Bank
of New Zealand

PART OF ANZ NATIONAL BANK LIMITED

Octagon Branch
11 George Street
Dunedin, NZ

DEPOSIT

Example

| PAID IN BY | | | | DATE | / | / |
|-----------------------------|------|--------|--------|-------------------|---|---|
| Details of cheques – DRAWER | BANK | BRANCH | AMOUNT | NOTES | | |
| | | | | COINS | | |
| | | | | TOTAL CASH | | |
| | | | | CHEQUES as listed | | |
| CREDIT Account holder name | | | | TOTAL \$ | | |

Proceeds of cheques etc. will not be available until cleared

060901 0309734 02

Caregiver details

| | | |
|-------------------------|----------------------|---------------------------------|
| First name | | |
| Family name | | |
| Address | House number or name | Emergency services rapid number |
| Street name | | |
| Suburb | | |
| City/Town | | |
| Day time contact number | | |
| Email address | | |

Assistance

| | |
|---|---|
| Date student enrolled in present school | |
| Date assistance required from | <i>Note: Conveyance Allowance payments will only be backdated to beginning of the term prior to the term in which the application was received by the Service Agent</i> |
| Are there other students in your household applying for or already receiving School Transport Assistance? | <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, please fill out details below</i> |
| Student name | School attending |
| Student name | School attending |
| Student name | School attending |
| Student name | School attending |

Caregiver 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's signature

Once Section A has been completed, please send this form to the school that your child will be enrolled at for Section B to be completed.

Section B – to be completed by the school

School details

| |
|-------------------|
| School name |
| School MoE number |

Suggested student transport

| | | |
|---|---|-------------------------------------|
| The suggested transport for this student is | <input type="checkbox"/> conveyance allowance | <input type="checkbox"/> school bus |
| If bus: Route number | Route name | |
| Route number | Route name | |

Declaration of enrolment

I declare that _____ (student name)

is enrolled at _____ (school name)

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's signature

Once Section B has been completed, please send this form to the local Service Agent for processing:

| | | | |
|---|--|--|---|
| All North Island Private Bag 92617 Symonds Street Auckland 1150 | Nelson, West Coast and Marlborough PO Box 444 Nelson 7040 | Canterbury PO Box 293 Christchurch 8140 | Otago and Southland PO Box 390 Invercargill 9840 |
|---|--|--|---|