

## 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"/>

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# 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**

<b>For Official Use Only</b>					
- 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.
	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) _____

*This information is collected for statistical purposes only.*

Distance <b>one way</b> 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:	
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 <b>applying for</b> or <b>already receiving</b> School Transport Assistance? (Please ✓)	
<input type="checkbox"/> No (Go to No 3) <input type="checkbox"/> 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**