

SCHOOL TRANSPORT ASSISTANCE: APPLICATION FORM

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

- Students may be eligible for School Transport Assistance if:
 - They are a Year 1-8 student and live more than 3.2 km from the nearest school or
 - They are a Year 9 student or over and live more than 4.8 km from the nearest school
 - In either case, the student do not have access to suitable public transport to get them to and from school
- This application form is for **ONE STUDENT ONLY**. All other children must have their own individual form
- This application form is to be used to apply for:
 - a Ministry funded school bus place
 - a Conveyance Allowance or
 - both
- This application form is made up of two 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
- Further details on the Ministry's rules on eligibility are available at www.minedu.govt.nz/schooltransport

PRIVACY ACT 1993 STATEMENT

- The information entered on this form will be used by the Ministry of Education for statistical information and the purpose of funding school transport only

Checklist for Caregivers

- | | |
|---|--------------------------|
| Student's Year Level is entered | <input type="checkbox"/> |
| Caregiver's postal details included | <input type="checkbox"/> |
| Caregiver has signed and dated form | <input type="checkbox"/> |
| Date assistance is required from | <input type="checkbox"/> |
| A printed or bank certified deposit slip or statement is attached (only if applying for a Conveyance Allowance) | <input type="checkbox"/> |

Section A: To be completed by the Caregiver

1. Student Details Please print clearly as this will assist with the processing of your application

Student's First name			
Student's Family name			
School Attending			
Address	House Number or name		Emergency Services Rapid Number
Street/Road name			
Suburb			
City/Town			Postcode
Student's date of birth	/ /	Year Level	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Student Ethnicity	NZ European <input type="checkbox"/>	Pacific Island <input type="checkbox"/>	
<i>This information is collected for statistical purposes only</i>	Maori <input type="checkbox"/>	Asian <input type="checkbox"/>	
	Other <input type="checkbox"/>	Please specify:	
Distances 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			
School previously attended			

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, 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 money 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: _____

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 <small>PART OF ANZ NATIONAL BANK LIMITED</small>		Octagon Branch 11 George Street Dunedin, NZ		DEPOSIT	
Example			DATE / /		
PAID IN BY			NOTES		
Details of cheques - DRAWER	BANK	BRANCH	AMOUNT	COINS	
				TOTAL CASH	
CREDIT Account holder name			CHEQUES as listed		
<small>Proceeds of cheques etc. will not be available until cleared</small>			TOTAL \$		
06090 0309734 02					

2. Caregiver Details

Please print clearly as this will assist with the processing of your application

Caregiver's First name					
Caregiver's Family name					
Home Address	House Number or Name		Emergency Services Rapid Number (if known)		
Street/Road name					
Suburb/City/Town					
Day contact number		Email Address			
Date student enrolled in present school		/ /			
Date assistance for student required from		/ /		Note: Conveyance Allowance payments will only be backdated to beginning of term prior to term the application was received by the Service Agent	
Are there other students in your household applying for or already receiving School Transport Assistance?					
No <input type="checkbox"/>		Yes <input type="checkbox"/>		If yes, please fill out the details for other students	
Student Name		School Attending			
Student Name		School Attending			
Student Name		School Attending			
Student Name		School Attending			

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: / /
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Caregiver's Signature

Section B: School Information – to be completed by the school

Section B

- Send your application form to the school to fill out Section B

4. School Details Please print clearly as this will assist with the processing of your application.

School Name	
School MoE Number	

5. Suggested Student Transport The suggested transport for this student is:

Conveyance Allowance	<input type="checkbox"/>	School Bus	<input type="checkbox"/>
If Bus:	Route Number:	Route Name:	
	Route Number:	Route Name:	

6. 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: / /
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Principal/Bus Controller's Signature

Checklist for Principal/Bus Controller

- School name and School MoE number entered
- Principal/Bus Controller has signed and dated form
- All required Caregiver's sections are filled in



What next?

- Send this application form to the Service Agent for processing

For North Island applications send the form to:

Multiserve Transport
Private Bag 92617,
Symonds Street,
Auckland, 1150