

Application for Special Education School Transport Assistance

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

What is Special Education Transport Assistance?

Special education school transport assistance is provided for students whose safety or mobility needs require a level of assistance to attend the nearest school able to meet their needs.

Safety needs are indicated where a significant risk of harm or danger to the student, or to others, exists during the passage to and from school. This significant risk normally relates to an intellectual disability or to a medical condition.

Mobility needs are indicated where the physical or medical needs of the student prevent independent travel to and from school or their accessing public transport or a school bus. This will often be where the student requires a wheelchair and/or other specialised equipment.

Who is responsible for providing school transport?

Caregivers have the primary responsibility for ensuring the transport of students to and from school.

Where eligibility criteria are met government accepts a share of this responsibility and provides a level of special education school transport assistance.

Please note that this special education school transport assistance:

- (a) may not cover the full school transport cost; and
- (b) is to assist with transport to the nearest school able to meet a student's needs. Caregivers can choose another more distant school. The level of transport assistance provided however, will be based on the journey to the nearest school able to meet the student's needs.

The assistance will be provided either through a conveyance allowance paid directly to the caregiver to subsidise the student's transport, or a place in a taxi, van, specialised vehicle or bus service.

Where the availability of school transport assistance is likely to affect caregiver's enrolment decisions the student's entitlement should be established prior to confirming enrolment.

When should this form be completed?

This form needs to be completed as early as possible for new applications and whenever there is:

- (a) a change of address; and/or
- (b) a change of school, including a move to or from a satellite class; and/or
- (c) any change in the student's ability to meet the safety or mobility eligibility criteria.

Assistance may also be reviewed at any time as a result of school or transport network changes, or to better reflect the student's special education needs.

This form is for one student only. Please fill out additional forms for each student requiring special education transport assistance.

Which sections do I need to fill out?

This form has the following sections:

- Section A – to be completed by the caregiver;
- Section B – to be completed by the school; and
- Section C – to be completed by the Ministry of Education.

Incomplete applications are not accepted.

A pre-printed or bank-verified deposit slip must be attached to all applications for a conveyance allowance. Hand-written account numbers and ATM receipts can not be accepted.

Section B – to be completed by the School

Eligibility

Please include details on how this student's special needs affect access to school

This explanation should describe how your school provides specialist teaching or services that are unavailable at schools closer to the student's home

What are the student's safety and/or mobility needs for which transport assistance is sought:

Safety needs:

Mobility needs:

Name of school to which special education transport assistance is requested

Is this school the nearest age/gender appropriate school to the student's main residence? yes no

If no, why is this school the nearest able to meet the student's needs? Please tick as many boxes as appropriate and provide information in the box below to explain your reasons:

- School provides a physically accessible environment
- School provides a specialist setting for individual needs
- No vacancy in nearest school
- Student has been excluded from nearer school(s)
- Other

If you have ticked any boxes above, you **must** expand on your reasons in the space below:

Continue on a separate page if needed.

Service Agent use only

Distance to nearest school able to meet needs (**km**).....

Special needs and requirements

ORRS number (if applicable):

Section 9 number (if applicable)

Special needs and requirements:

The special needs, medical and behavioural or other conditions that a driver needs to be aware of along with any specialist equipment needed (for example seating, restraint).

Can use school bus? yes no

Can use public transport? yes no Daily Cost \$ _____

Can share a vehicle? yes no

Requires a Total Mobility Vehicle (TMV)? yes no

Type of assistance requested

Conveyance allowance? <input type="checkbox"/> yes <input type="checkbox"/> no	\$0.27 / km for up to 4 trips per day up to a maximum of \$20.00 per day. It is paid directly into the caregiver's bank account monthly.
OR	
Place in van / Total Mobility Vehicle / Taxi ? <input type="checkbox"/> yes <input type="checkbox"/> no	
Start date:	Review date:

Weekly Itinerary

Assistance is for one trip each day to and from the nearest school able to meet the student's needs from the student's home address or respite care facility. Assistance to respite care can only be provided in situations within established cost limits.

Please enter residences, schools and special facilities by the code assigned to them in Section A of this form, e.g. residences as R1, R2; schools as S1, S2. Please also enter departure and arrival locations and estimated arrival/pick up times on applicable days in the table below

Example of Weekly Itinerary:

Trip	From	To	School arrival/departure time
Monday am	R2	S1	9.15 am
Monday pm	S1	R1	4.35 pm

In this example, the student was picked up from their respite address (R2) by taxi/van/bus to arrive at their main school (S1) at 9.15am. They were picked up from the school at 4.35pm by vehicle, and returned to their main residence (R1).

Trip	From	To	School arrival / departure time (approximate)	Please advise type of assistance req'd			
				One way Km's	CA Req'd	Taxi / van/ TMV/ Bus Req'd	Run number
Monday	am						
	pm						
Tuesday	am						
	pm						
Wednesday	am						
	pm						
Thursday	am						
	pm						
Friday	am						
	pm						
				Daily per capita			

School Declaration

I declare that:

- (a) this is an accurate assessment of this student against Ministry of Education special education school transport eligibility criteria; and
- (b) 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.

Signature: _____ Name: _____ Date: _____
Principal please print

Telephone: _____ Email: _____

Once Sections A and B have been completed, please send this form to your local Special Education Office for Section C to be completed.

