

**3 Distance to nearest school by the shortest trafficable route**

This information is used to assess eligibility. Assistance will be provided on the designated service for the area. In some circumstances, this service may not operate to the nearest school.

Please tick (✓) what type of school/s the student/s attend and complete the appropriate section/s below

State primary  Please complete section A below

Non-state primary  Please complete section A and B below

State secondary  Please complete section C below (include any state senior colleges)

Non-state secondary  Please complete section C and D below

Section	Type of school	Name of nearest school to your house	Distance (one way)
A	Nearest state primary		km
B	Nearest non-state primary*		km
C	Nearest state secondary		km
D	Nearest non-state secondary*		km

TMR use only			
Verification		Date	Initials
Map Info	On Road		
km	km	/ /	
km	km	/ /	
km	km	/ /	
km	km	/ /	

\* of type attended

**4 Names of student/s applying for bus travel assistance**

IMPORTANT: Student details must match records held by the school attended.

Family name	Given name	Other initials	Male/Female (M/F)	Year (grade)	Date of birth
1.					/ /
2.					/ /
3.					/ /
4.					/ /

**5 School details of student/s applying for assistance**

Student's given name (as shown above)	Exchange/overseas student^ (Y/N)	Name of school they attend	Distance to this school*
1.			km
2.			km
3.			km
4.			km

\*refer to point 4 under Eligibility on tear off page for details on measuring. ^refer to point 11 under Eligibility on tear off page

**6 On what days will the service be used?**

Please specify a start date for travel and tick (✓) the days travelled specifying am/pm - actual times are not needed

Student's given name (as shown above)	First date of travel on this bus this year	Monday		Tuesday		Wednesday		Thursday		Friday		Total number of days (am)	Total number of days (pm)	Is more than one service used to get to school?
		am	pm	am	pm	am	pm	am	pm	am	pm			
1.														
2.														
3.														
4.														

**7 Names of other students already receiving, or applying for transport assistance**

Do not include students listed at question 4

Family name	Given name	Other initials	Name of school they attend	Date of birth	Type of assistance you get for this student or type applied for
1.				/ /	
2.				/ /	

**8 Certification by parent/guardian**

I certify that the information provided is true and correct and I have read and agree to the conditions of travel as listed on the attachment of this application. I understand that I am required to complete a new application within seven days should there be any change in the information contained in this application. It is further understood that the Department of Transport and Main Roads reserves the right to withdraw travel assistance and recover monies paid if investigations show the student/s to be ineligible. I understand that persons who intentionally provide false information to obtain a benefit may be liable to a \$7068 fine under Section 149(3) of the *Transport Operations (Passenger Transport) Act 1994*.

In order to assess an applicant's ongoing entitlement to assistance, the department will verify student's personal details with the school attended and schools will disclose to the department updated information for that purpose.

Signature  Date

**Privacy statement:** The department collects the information on this form as authorised under the *Transport Operations (Passenger Transport) Act*. When submitted to the bus operator, these details will be used to provide a preliminary assessment of your eligibility for school transport assistance before being forwarded to the department. These details are accessible by authorised departmental staff and may also be provided to the local conveyance committee and the Department of Education and Training staff as required. Your and the student's personal details will not be disclosed by the department to any other third party without your consent unless required to do so by law or for the purpose of the *Information Privacy Act 2009*. Some of the student's personal information including name, school and current year level may appear on a bus pass created and issued at the request and discretion of the relevant bus operator.

Please submit completed form with the operator providing the transport within seven days

**Section B - to be completed by the bus operator**

Operator's name  Route number/s

**Kilometre operators to note**

An increase in payment category will only be considered after an *Increase in Payment Category Application* (form F3731) has been completed. These forms are available from your nearest departmental office.

**Fares-based operators to complete\* Note - excess fares are to be paid directly to the operator**

Student's given name (from previous page)	Date government funded travel began on this service/section	Section number	Description	Fare to the nearest school		TransLink Top Up Code	
				Single	Weekly	Level	Application ID
1.							
2.							
3.							
4.							

\*Notes section provided on back of form for any additional information or attach documentation if required

**Operator's certification**

I certify I have assessed this/these student/s as eligible under the STAS and have issued interim approval based on the information provided.

I agree to advise the department of any local circumstances which may affect the eligibility of the/these student/s. I understand that this approval is subject to final approval of the department. It is further understood that if I wrongfully certify a student/s as being eligible, I will have no entitlement whatsoever to payment for transporting the student/s.

I understand that persons who intentionally provide false information to obtain a benefit may be liable to a \$7068 fine under Section 149 (3) of the *Transport Operations (Passenger Transport) Act*.

Signature  Date

TMR use only					
Student's name	Approval		Data entry details	Travel %	Notes
	Yes	No			
1.					
2.					
3.					
4.					

**Approving officer's certification**

I have assessed this application in accordance with the approved school transport policies and procedures and certify that the student/s is/are entitled to the level of assistance granted.

Officer's signature  Date

**Input officer's certification**

I have reviewed travel details on this application with details recorded in STIMS and confirm the student/s is/are not receiving assistance for the same journey/s approved on this application. Appropriate details have been accurately recorded in accordance with the STIMS user manual.

Officer's signature  Date

Notes

Lined area for notes.

DTMR Code BTA, Operator to complete Route Number, TMR use only STIMS

Section A - to be completed by parent/guardian

The following information will be used to determine eligibility in accordance with the policy of STAS.

1 Parent/guardian details

Title, Family name, Given name/s fields

Your principal place of residence\* (include property name and rural number if applicable), Postcode

\* refer to point 13 under Eligibility on tear off page

Please also provide your registered plan and lot number. This information is needed to assess eligibility.

Lot number, Registered plan/Survey plan number, Note: If you do not provide all information, it may delay approval for transport assistance.

Postal address Please tick if the same as above

Home telephone number, Work telephone number, Mobile telephone number

Email address

IMPORTANT: For fast processing, these details should be the same as those held by the student's school.

2 Reason for making this application

New application, Change of school, Change of address, Other, Name of previous school attended, Last date of enrolment, Previous residential address, Last date at that address, Please provide details, Date of change

It is important to notify the school of any address change and the bus company of any change to travel patterns. If you don't it may affect your assistance.