

APPLICATION FOR STUDENTS WITH DISABILITY - TRANSPORT ASSISTANCE

To be eligible for transport assistance, a student must be verified as a student with disability as established by the Children and Students with Disability Policy. Children and students with disability are eligible for transport assistance if they bypass their local Department for Education preschool or school (by a minimum 5 km) to attend the closest appropriate departmental specialist option, as determined by a the departments special options placement process. If a child or student is attending their local preschool or school, or they live within 5km of the specialist option attended, transport assistance will not be provided. Approved departmental specialist options include inclusive preschool programs, speech and language programs, The Briars Special Early Learning Centre, Centres for hearing impairment, special schools, disability units or special classes.

The Department for Education Students with Disability – Transport Assistance program is a service to support parents and carers. However, responsibility of conveying students with disability to and from school rests with parents and carers. The type of department transport assistance offered for eligible students may be either direct assistance (taxi/bus/access vehicle) or financial assistance (car allowance, public transport grant, private bus fare grant)

Department for Education is a service provider for school transport under the National Disability Insurance Scheme (NDIS), which is administered by the National Disability Insurance Agency (NDIA).

Children and students, who register with the NDIS are required to meet the NDIS 'reasonable and necessary' criteria to access the departments' transport assistance. A conversation with your child's NDIS planner about transport assistance to their specialist option should occur at each review meeting. Your child must have an active NDIS plan whilst accessing the program. The department will determine the most appropriate form of assistance which will be either direct assistance or financial assistance.

Families are asked to ensure renewals of NDIS plans are completed in a timely manner to ensure no disruption to service.

PARENT, CARER, LEGAL GUARDIAN TO COMPLETE: Please mark in appropriate box

Application will be returned if requested information has not been completed / acknowledged.

| | | | | |
|---|---|--|---|--|
| New Applicant: Yes <input type="checkbox"/> | Change of Address: Yes <input type="checkbox"/> | Change of School: Yes <input type="checkbox"/> | Change to Assistance Type: Yes <input type="checkbox"/> | Change to days travelled: Yes <input type="checkbox"/> |
|---|---|--|---|--|

1. CHILD/STUDENT DETAILS: Please ensure name details are identical to Birth Certificate and consistent with information held by NDIS.

| | | | |
|---|-------------------------------------|---|--|
| Surname/Family Name | | M <input type="checkbox"/> F <input type="checkbox"/> | |
| Given Name/s | Other Name/s Known By | | |
| Date of birth | Aboriginal /Torres Strait Islander? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Year Level of Child/Student |
| In which country was the child/student born: Australia <input type="checkbox"/> Other <input type="checkbox"/> (please specify) | | | |
| For children/students born overseas with a date of arrival in Australia on or after 01/01/2006, a "Visa sub-class" must be entered. | | | |
| If other, on what date did the child/student arrive in Australia? | | Visa Sub-Class: | |
| Is the child/student under the Guardianship of the Minister or in alternate care? Please ensure Caseworker details included. | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Residential Address: | | | Postcode: |
| Is the child/student in shared care? Yes <input type="checkbox"/> No <input type="checkbox"/> | | If yes, please ensure details of parent/carer are included and schedule attached. | |
| School / Preschool: | | Annex Class (if applicable): | |
| Inclusive Preschool Program <input type="checkbox"/> The Briars ELC <input type="checkbox"/> Special School <input type="checkbox"/> Disability Unit Primary <input type="checkbox"/> Disability Unit Secondary <input type="checkbox"/> Special Class Junior Primary <input type="checkbox"/> Special Class Primary <input type="checkbox"/> Special Class Secondary <input type="checkbox"/> Speech and Language Program <input type="checkbox"/> Centre for Hearing Impairment, Primary <input type="checkbox"/> Centre for Hearing Impairment, Secondary <input type="checkbox"/> | | | |
| Is this the recommended specialist option through the Department for Education placement process? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | What is the distance to the special option? |
| If No, please give reason why not attending closest option. | | | |



2. NATIONAL DISABILITY INSURANCE SCHEME:

| | | |
|--|---|---|
| Is your child eligible for NDIS? <i>Please insert their reference number below.</i> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| NDIS Number: <input type="text"/> | Has a NDIS Plan been prepared? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| NDIS Plan Period: <input type="text"/> TO <input type="text"/> | School transport is an In Kind service to the NDIS and requires a conversation with your child's planner Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Please Note: <i>If yes, please provide evidence that shows your child's plan period. If no, please contact your NDIS planner to discuss school transport support to your child's NDIS Plan.</i> | | |
| If you do not have a NDIS reference number, have you made a "request for access" application with the NDIS? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <i>If yes, please provide a copy of your child's letter of approval to access the NDIS.</i> | | <i>If no, this application cannot proceed, please contact NDIS.</i> |

NATURE OF TRANSPORT ASSISTANCE BEING SOUGHT Please mark in appropriate box

Please complete the appropriate section to request the support assistance type required. For example should you require direct assistance complete section 3(b) and if you require financial assistance please ensure the appropriate request is completed. This application will supersede all previous applications.

| | | | | | | |
|---|----------------------|----------------------|------------------------------|-----------------------------|-------------------------|----------------------|
| 3 FINANCIAL ASSISTANCE | | | | | | |
| Payment for eligible children/students shall be facilitated by electronic payment (EFT) to your preferred bank account; please complete the appropriate form. | | | | | | |
| 3(a) Car allowance: | | | | | | |
| <input type="checkbox"/> <i>An allowance payable on a per car basis at a prescribed rate per day based on attendance and claimable at the end of each school term</i> | | | | | | |
| No. of days travelled each week | | Time travelled | AM <input type="checkbox"/> | PM <input type="checkbox"/> | | |
| Child/student travels in the car (Circle the days) | | MON | TUE | WED | THU | FRI |
| Children attending an Inclusive preschool or The Briars ELC (ie: 5 days per fortnight) | | MON | TUE | WED | THU | FRI |
| Are you currently in receipt of a car allowance for any other child/student? | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes answer following | |
| Name of child/student/s | | | | | | |
| Name of preschool/school attending | | | | | | |
| Date from which allowance is sought | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | | | Date required |

| | | | | | | |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 3(b) Public passenger transport grant: | | | | | | |
| <input type="checkbox"/> <i>An allowance paid in advance on a per student basis as an Annual Grant for travel on public transport</i> | | | | | | |
| Date from which allowance is sought | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 3(c) Private bus fare allowance: | | | | | | |
| <input type="checkbox"/> <i>Reimbursement on a per student basis of travel costs incurred on licensed bus services and claimable at the end of each school term based on attendance.</i> | | | | | | |
| Name of bus company | | | | | | |
| Date from which allowance is sought | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



4 DIRECT ASSISTANCE

Direct assistance will not be approved for children under 6 years old; please complete section 3.

Transport, subject to provider availability, may be provided by bus, taxi or an access cab; vehicle type will be at discretion of the department. Students require consistent morning and afternoon addresses – maximum of two addresses.

Arrival times for morning and afternoon trips cannot be negotiated with drivers and are subject to change to accommodate all student needs. Parents and carers are responsible for the supervision of students at collection/drop off points and must ensure they are present to promptly assist their child into and from the vehicle. Taxis/buses/access cabs cannot wait and should a parent or carer not be home it may result in the student being returned to school at a cost to the students’ family.

Taxis/buses/access cabs will wait for a maximum of 2 minutes; if student does not arrive promptly the vehicle will leave.

It is the responsibility of parents and carers to ensure the child safety seat is fitted correctly (where applicable), seat belt and car seat harness (where applicable) is fastened and bags are placed in the vehicle boot each morning and retrieved each afternoon (site personnel will be responsible at site arrival and departure times).

Drivers are not to leave the vehicle (exception for unloading of students who travel in their wheelchair via access cab/specialised bus).

For further information please refer to the brochure “Students with disability – Transport Assistance program Information for parents and carers”.

Please cross vehicle type required

bus/taxi transport Yes **access cab/specialised bus** (for travel in wheelchair) Yes

| | | | |
|-------------------------|--|-------------------------------|--|
| AM Collect student from | | Emergency phone number for AM | |
| | | Mobile number | |

| | | | |
|-----------------------|--|-------------------------------|--|
| PM Deliver student to | | Emergency phone number for PM | |
| | | Mobile Number | |

SCHEDULE ATTACHED (for two addresses): Yes No N/A

For students attending an Out of School Hour program, please ensure an adult is available to meet the taxi. Yes

Where will the adult meet the taxi? _____ Signature: _____

Can your child travel safely in a taxi, bus or access cab without the need to of an adult to manage behaviour? Yes No

Please note: Child safety restraints with accessories that have not been certified under the AS/NZS 1754 standard (ie. Buckle guards / covers, Houdini stops, harnesses) are not permitted.

If no, direct assistance (taxi / bus /access cab) cannot be supported. Please complete section 3a for financial assistance.

I acknowledge that Department for Education transport providers and their drivers have a right to a safe work environment and to be treated with respect. Yes

Does your child require adult supervision to provide health / medical support? Yes No

*Where a child or young person has a known **health condition** it is a parental responsibility to determine if a child is safe to travel on school transport to and from education services.* If yes, please include detail in comments below parent/carer declaration.

Drivers are responsible for transportation of students and are not in a position to be able to provide supervision for health support. Should a student be observed as requiring medical assistance whilst travelling, the driver will call for an ambulance and whilst waiting for its arrival will call their supervisor who will communicate with school staff and Department for Education, Transport Services Unit.

Does your child need to travel in their wheelchair? Yes No Please advise size of wheelchair

Can your child transfer independently from their wheelchair into a vehicle seat? Yes No N/A

In South Australia it is illegal to use child restraints (car seat, booster seats) which do not comply with the Australian/New Zealand Standard 1754 Child restraint systems for use in motor vehicles.



Does your child travel in an approved child safety seat with an inbuilt harness that will require an anchor point? Please specify type of fitting required to the secure seat. (Must be supplied by parent/carer) Yes No

Does your child travel in an approved booster seat? ie: secured by sash/lap seat belt (Must be supplied by parent/carer) Yes No

Preferred Commencement Date:

A MINIMUM OF 10 WORKING DAYS REQUIRED TO ASSESS/FACILITATE

At the end of each school year all school transport runs are reviewed and should there be a change of circumstance ie: students moving off the school run leaving another travelling alone, alternate transport assistance will be negotiated.



5a. PARENT 1/CARER 1/LEGAL GUARDIAN 1 (Birth/Carer/Adoptive/Legal Guardian):

| | | | |
|--------------------------|----------------------|-------------|---|
| Surname/Family Name: | <input type="text"/> | First Name: | <input type="text"/> |
| Relationship to Student: | <input type="text"/> | Gender: | M <input type="checkbox"/> F <input type="checkbox"/> |
| Residential Address: | <input type="text"/> | | |
| | <input type="text"/> | Postcode: | <input type="text"/> |
| P/G 1 phone: nos | <input type="text"/> | Mobile | <input type="text"/> |
| | | Emergency: | <input type="text"/> |
| Postal Address: | <input type="text"/> | | Postcode: <input type="text"/> |
| Email Address P/G 1: | <input type="text"/> | | |

5b. PARENT/CARER 1/LEGAL GUARDIAN 1 DECLARATION AND CONSENT:

In the event of medical emergency or behavioural problems during transport, I consent to the provider taking whatever appropriate action in consultation with the Department for Education to facilitate the safety and wellbeing of

Child/Student's name: _____

Does this child/student have a sibling attending the same school, including the mainstream school setting? Yes No N/A

I certify that the information contained in this application is correct and I undertake to advise the director or principal immediately if circumstances change (eg: the child/student leaves school/changes preschool or school or changes address).

I understand that information recorded on this form will only be accessed by relevant school or corporate Department for Education personnel to undertake administrative and student care responsibilities, including the provision of services and financial allocations. I understand that it will also be used to create necessary statistical information for state and local area enrolment projections, forward planning of educational facilities, and analyses of the composition and performance of the student population. I understand that the disclosure of personal information held by the Government is regulated by the Information Privacy Principles (Department of Premier and Cabinet Circular No. 12), and personal information will only be disclosed to State and Commonwealth public sector agencies for the stated purposes as permitted by those Principles. I understand that the Department will not otherwise disclose the information to others without consent.

Name of parent or carer: _____ Signature: _____ Date: ___ / ___ / ___

For direct assistance (taxi/bus/access vehicle) requests:

I agree to ensure that a responsible adult will be present at all pre-arranged collection and drop off times (allowing an additional 15 minutes for transport conditions), in accordance with the requirements of this application.

I acknowledge and agree to adhere to the protocols as outlined in the Students with disability – Transport Assistance program Information for parents and carers' brochure.

I will, where applicable, be responsible for providing and installing (including removal) an approved AS/NZS 1754 child safety seat, booster seat or harness suitable for my child's age, height and weight and ensure my child is secure in his or her seat. I understand the child safety seat or booster seat will be stored at the school during school hours and school staff will be responsible for ensuring my child is secured in their appropriate seat for the trip home.

Name of parent or carer: _____ Signature: _____ Date: ___ / ___ / ___

Failure to sign the form or the making of unauthorised amendments will cancel this request.

COMMENTS: (further information to support the application)

6a. PARENT 2/CARER 2 /LEGAL GUARDIAN 2 (Birth/Carer/Adoptive/Legal Guardian):

| | | | |
|--------------------------|----------------------|-------------|---|
| Surname /Family Name: | <input type="text"/> | First Name: | <input type="text"/> |
| Relationship to Student: | <input type="text"/> | Gender: | M <input type="checkbox"/> F <input type="checkbox"/> |
| Residential Address: | <input type="text"/> | | |
| | <input type="text"/> | Postcode: | <input type="text"/> |
| P/G 2 phone nos: | <input type="text"/> | Mobile: | <input type="text"/> |
| | | Emergency: | <input type="text"/> |
| Postal Address: | <input type="text"/> | | Postcode: <input type="text"/> |
| Email Address P/G 2: | <input type="text"/> | | |

6b. PARENT/CARER 2 /LEGAL GUARDIAN 2 DECLARATION AND CONSENT:

In the event of medical emergency or behavioural problems during transport, I consent to the provider taking whatever appropriate action in consultation with the Department for Education to facilitate the safety and wellbeing of

Child/Student's name: _____

Does this child/student have a sibling attending the same school, including the mainstream school setting? Yes No N/A

I certify that the information contained in this application is correct and I undertake to advise the director or principal immediately if circumstances change (eg: the child/student leaves school/changes preschool or school or changes address).

I understand that information recorded on this form will only be accessed by relevant school or corporate Department for Education personnel to undertake administrative and student care responsibilities, including the provision of services and financial allocations. I understand that it will also be used to create necessary statistical information for state and local area enrolment projections, forward planning of educational facilities, and analyses of the composition and performance of the student population. I understand that the disclosure of personal information held by the Government is regulated by the Information Privacy Principles (Department of Premier and Cabinet Circular No. 12), and personal information will only be disclosed to State and Commonwealth public sector agencies for the stated purposes as permitted by those Principles. I understand that the Department will not otherwise disclose the information to others without consent.

Name of parent or carer: _____ Signature: _____ Date: ___ / ___ / ___

For direct assistance (taxi/bus/access vehicle) requests:

I agree to ensure that a responsible adult will be present at all pre-arranged collection and drop off times (allowing an additional 15 minutes for transport conditions), in accordance with the requirements of this application.

I acknowledge and agree to adhere to the protocols as outlined in the Students with disability – Transport Assistance program Information for parents and carers' brochure.

I will where applicable, be responsible for providing and installing (including removal) an approved AS/NZS 1754 child safety seat, booster seat or harness suitable for my child's age, height and weight and ensure my child is secure in his or her seat. I understand the child safety seat or booster seat will be stored at the school during school hours and school staff will be responsible for ensuring my child is secured in their appropriate seat for the trip home.

Name of parent or carer: _____ Signature: _____ Date: ___ / ___ / ___

Failure to sign the form or the making of unauthorised amendments will cancel this request.

COMMENTS: (further information to support the application)

TO BE COMPLETED BY DIRECTOR OR PRINCIPAL

If student ED ID is not completed this application cannot be activated.

| | | | | | | | | | | | | | | | | | | | | |
|-------------|--|-----|---|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Partnership | | FTE | . | ED ID | | | | | | | | | | | | | | | | |
|-------------|--|-----|---|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

PRESENT SITE:

Have parents or carers been advised about public transport training for secondary students? Yes No N/A

Has the child/student been identified as a student with disability as required by the Children and Students with Disability Policy? Yes No Census Year Impairment

Has the child/student a Health Support Plan? Yes No

If yes, please state medical need. _____

Where a child or young person has a known health condition it is a parental responsibility to determine if a child is safe to travel on school transport to and from education services. It is the responsibility of the site to ensure parents and carers are informed that the first aid response during transport will be to call an ambulance as transport drivers do not administer first aid, including where emergency

Has the child or student been through the departments' placement process with the listed preschool or school identified as the closest appropriate special option? Yes No

Can the student travel safely in a bus, taxi or access cab without adult supervision? Yes No N/A (Under 6yrs/Financial)

Name of recommending director or principal: _____

Signature: _____ Date: / /

Preschool or school: _____

FOR TRANSITIONING CHILDREN/STUDENTS: e.g. new site / preschool to primary /primary school to secondary school

Has the school enrolment form been completed? Yes No

If no, please state reason: _____

Name of director or principal: _____

Signature: _____ Date: / /

Preschool or school: _____

COMMENT:

Please Note: To avoid unnecessary delays in processing, please ensure the application has been completed correctly before forwarding to Department for Education, Transport Assistance program. Incomplete forms will be returned to the preschool or school for completion. Applications will be returned if NDIS evidence is not included with this application. Both parents/carers and, if applicable the Child Protection case worker, to complete, sign and acknowledge sections 5 and 6; additional page may be required.

OFFICE USE ONLY

FOR ASSESSMENT, RETURN APPLICATION TO:

| | |
|--|---|
| Senior Transport Officer Disability Policy and Programs Department for Education | Email: Education.SWDTransport@sa.gov.au GPO Box 1152, Adelaide SA 5001 Courier: R11/02B |
|--|---|

Approved/Not approved _____ Date processed: / /
Comment

Approval details
Approval end date: / /
NDIS renewal date: / /

