

## SCHOOL TRANSPORT ASSISTANCE: APPLICATION FORM

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

- A school 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 does 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](http://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's 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"/>
This information is collected for statistical purposes only	Maori <input type="checkbox"/>	Asian	<input type="checkbox"/>
	Other <input type="checkbox"/>	Please specify:	
Distances <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			
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)**

 <b>The National Bank</b> of New Zealand		Octagon Branch 11 George Street Dunedin, NZ		<b>DEPOSIT</b>	
PART OF ANZ NATIONAL BANK LIMITED					
<b>PAID IN BY</b>			DATE                    /                    /		
Details of cheques – DRAWER		BANK	BRANCH	AMOUNT	NOTES
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
<b>CREDIT</b> Account holder name		_____			
<i>Proceeds of cheques etc. will not be available until cleared</i>		TOTAL \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>			
06090 0309734 02					

**2. Caregiver's 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				_____					
City/Town				_____		Postcode		_____	
Day contact phone numbers				_____		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:    /    /
------------	-------	-----------------

**Caregiver's Signature**

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

### Section B

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

#### 4. School Details

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

School Name	
School Institution 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:	/ /
------------	--	-------	-----

Principal/Bus Controller's Signature

#### Checklist for Principal/Bus Controller

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

What next?

- Send this application form to the Service Agent for processing

**North Island only:**  
Multiserve  
Private Bag 92617  
Symonds Street  
Auckland 1150

**South Island only:**  
School Support Ltd  
PO Box 115  
Twizel 7944