

APPLICATION FOR A TEMPORARY CHANGE TO EXISTING TRANSPORT ARRANGEMENTS

This form is to be used when seeking a temporary variation to the existing transport arrangements for students with disability (ie: only for trips currently accessed via the program, no swapping of days/trips). A minimum of ten (10) working days' notice is required. **The outcome of the request will be forwarded to the school site; no changes will occur without approval.**

A change will **only** occur if it fits within an existing run and changes to transport do not disadvantage other students travelling in the same bus or taxi.

Please refer to the brochure: "Students with disability – Transport Assistance program Information for parents and carers".

A temporary change cannot be approved if the student is already accessing two addresses. The requested change **will** only apply for the dates listed.

1. STUDENT DETAILS

Family Name Preferred Given Name
 School/Unit/Class

2. PARENT/CARER DETAILS

Family Name Preferred Given Name
 Address where student lives
 Home Phone Mobile phone Emergency Mobile/phone

3. TEMPORARY VARIATION

Name (if applicable)
 Temporary address
 Contact person Phone

<p>Start date <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Please mark <input checked="" type="checkbox"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Start date <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Start date <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Start date <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Start date <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p>	<p>Finish date <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Please mark <input checked="" type="checkbox"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Finish date <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Finish date <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Finish date <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Finish date <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input type="checkbox"/> AM <input type="checkbox"/> PM</p>
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4. REASON FOR REQUEST OF TEMPORARY CHANGE

5. PARENT/CARER DECLARATION

Can the student travel safely in a bus, taxi or access cab? Yes No Does the student travel in their wheelchair? Yes No
 I certify that the information contained in this application is correct.
 Signature of parent/carer _____ Date: / /

6. TO BE COMPLETED BY SCHOOL PRINCIPAL

_____ Date: / /
 Name of recommending principal Signature

(OFFICE USE ONLY)

Approved / Not approved	Date: / /	Signed	
Comments:			
Existing Run No		Alternative Run No	

Return to Senior Transport Officer - Disability Policy and Programs

Email: Education.SWDTransport@sa.gov.au

