

CONVEYANCE ALLOWANCE APPLICATION – PRIVATE AND PUBLIC BUS TRAVEL

<i>Student Information (to be completed by the Parent)</i>			
Student Name		Date of Birth	
Residential Address			
Parent Name		Mobile:	
Distance from place of residence to school for which conveyance allowance is to apply (km's) To be eligible, students must reside 4.8km or more by the shortest practicable route from the campus attended		Km's	
Note: The distance stated above will be independently verified using SCAS			

<i>School For Which Conveyance Allowance is to Apply</i>			
School Name	Padua College	School Number	501
School Attended	Nearest Government School		<input type="checkbox"/>
	Next Nearest Government School		<input type="checkbox"/>
	Nearest Denominational School		<input checked="" type="checkbox"/>
	Nearest Multi / Inter Denominational Christian School		<input type="checkbox"/>
	Nearest Non-Denominational School		<input type="checkbox"/>
Date Student is to Commence Travel:		/	/
Campus student attending: Please cross (X) relevant campus	Mornington		<input type="checkbox"/>
	62 Oakbank Rd, Mornington		
	Rosebud		<input type="checkbox"/>
	2 Inglewood Cr, Rosebud		
	Tyabb		<input type="checkbox"/>
	1585 Frankston-Flinders Rd, Tyabb		

Eligibility for Allowance Declaration (to be completed by the Parent)

I certify that:

1. All the above details are true and correct to my knowledge.
2. The school will use personal information I have provided to assess and confirm their eligibility for the Conveyance Allowance Program using the Student Conveyance Allowance System (SCAS)
3. I consent to release this information to Department of Education (DET) representatives to assist with assessing my application on SCAS
4. I understand the conveyance allowance is for the student named on the application form and cannot be withheld by the school in lieu of fees or late payments.
5. The school will be notified in writing within 7 days of any changed circumstances for this student
6. I understand my signed consent is required with this application form for the school to keep the conveyance allowance as a contribution towards privately procured transport services to and from the school only.

I consent that:

7. The conveyance allowance payable to the student named on this application form will be withheld by the school as a contribution towards privately procured transport services to and from school only.

Parent Name:

Date: / / 20

Parent Signature:

Conveyance Allowance payments are subject to annual audit and must adhere to the eligibility criteria as stipulated by the Department of Education and Early Childhood Development. Contact the school or visit <http://www.education.vic.gov.au/school/principals/finance/Pages/conveyance.aspx> for further information

OFFICE USE ONLY:

<i>Verification</i>		
Distance Verified on SCAS	<input type="checkbox"/>	School Signature: Principal/Delegate
Application Entered on SCAS and MAZE (Initials & date)	/ /	
Travel Mode: (Public or Private)		Bus Coordinator Signature:

Department of Education and Early Childhood Development collects personal information for the purposes of assessing eligibility for receipt of a conveyance allowance. Personal information will not be used for any other purposes and will not be disclosed to any other organisation/body. The department protects paper records in secure storage and computerised records are protected through access and authorisation controls. DEECD takes all reasonable technical and organisational precautions to prevent the loss, misuse or alteration of collected personal information. You are able to request access to the personal information that we hold about you and to request that it be corrected. Please contact your school directly. The Department respects individuals' privacy.