

Conveyance Allowance Application 2022

Students Attending a Secondary School



INFORMATION FOR PARENT/GUARDIAN

- Complete the form to the best of your knowledge.
- To be eligible for conveyance allowance, the student:
 - Must be a Victorian resident
 - Must be of school age and enrolled 3 or more days per week
 - Must reside 4.8km or more from the school by the shortest practical route
 - Must attend the nearest or designated neighbourhood school at which admission is possible.
- A private car or private bus conveyance allowance is not available if the journey could have been made using a Department-funded school bus or public transport service.
- Reimbursement is calculated on the basis of the one-way distance travelled.
- Distance is measured by the shortest practicable route between the student's place of residence and their school. You may use Bing Maps or Google Maps to assist.
- The residential address should be based on the Rural Road Numbering System. PO Box's cannot be used.
- Each additional student travelling in a Private Car will attract the 'additional student' rate.
- Before completing this form please read the information about the Conveyance Allowance Program at <https://www2.education.vic.gov.au/pal/conveyance-allowance/policy>

School Name:	BALLARAT HIGH SCHOOL	Address:	1726 Sturt St, Lake Gardens, 3355
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A STUDENT DETAILS (Please print clearly)

First Name:		Surname:	
Date of Birth:		Time Fraction:	Full-Time or Part-Time
Enrolment Date:		Year Level:	
Address :			
Suburb/Town:		Postcode:	

B STUDENT ENROLMENT DETAILS (Please circle or print clearly)

Is the student on the PSD Program?	Yes	No	<i>Program for Students with Disabilities</i>
Distance from home to school:		(km's)	<i>See notes 4, 5 and 6 above</i>
<u>OR</u> Distance from home to bus stop:		(km's)	<i>See notes 4, 5 and 6 above</i>
Is student attending neighbourhood school?	Yes	No	<i>If no, please provide details in Part E</i>

C TRAVEL INFORMATION (Please circle or print clearly)

Travel start/end date:	____/____/2022 to ____/____/2022			
Student claiming:	To school allowance	VET only	To school and VET	
Travel Mode:	Public Transport	Private Car	Private Bus	Other

Bus Ticket Information

Ticket Frequency:	Daily	Weekly	Fortnightly	Monthly	Term	Half Yearly	Yearly
Ticket Amount:	\$	Proof of purchase must be submitted with Application e.g. receipt/ticket					
Service Operator/Route:	CDC Ballarat – Ballarat Transit Service						
Travel Distance – Leg 1:	(km's)		Travel Distance – Leg 2:			(km's)	

Private Car Information

Furthermost or additional:	Furthermost			Additional	
List all the other students travelling in this private car and their school.					
Name:		School:		Furthermost	Additional
Name:		School:		Furthermost	Additional
Name:		School:		Furthermost	Additional

D PARENT/GUARDIAN DETAILS (Please print clearly)

First Name:		Surname:	
Contact Number:			
Residential Street			
Suburb/Town :		Postcode:	

Parent reimbursements are processed in June and December.

Please complete the table below so we can send your payment by EFT directly to your bank account.

ACCOUNT NAME: (e.g. John D Smith)			
FINANCIAL INSTITUTION: (e.g. Westpac)			
BRANCH ADDRESS: (e.g. Howitt St, Wendouree)			
BSB:	— — — — —	ACCOUNT NUMBER:	— — — — — — — — — —
EMAIL ADDRESS for Remittance Advice:			

E SPECIAL FACTORS

Please provide details of any special circumstances

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F CERTIFICATION

I certify that:

1. All the above details are true and correct to my knowledge.
2. I have attached a copy of ticket/fare purchased.
3. I will notify Ballarat High School in writing within 7 days of any change of address or school.
4. The school will use personal information I have provided such as my address, child's enrolment details to assess and confirm eligibility for the Conveyance Allowance Program, and submit claim.
5. I consent to release this information to Department of Education (DET) representatives to assist with assessing my application.
6. I understand the conveyance allowance is for the student/s named on the application form and cannot be withheld by the school in lieu of fees or late payments.

Parent/Guardian Signature:

Date:

Please Note - Applications for Conveyance Allowance are subject to audit

G OFFICE USE

Entered on SCAS:	Eligible: Y / N
SCAS Co-ordinator Signature:	Date:
Principal Signature:	Date: