

Year		Term	PLEASE ENSURE ALL PAGES ARE COMPLETED AND SIGNED										
If there are more than three students claiming from this home residence, please complete another Form 3 and attach together. <i>Note</i> : An eligible student may be granted an allowance based on the least expensive public transport fares only. A copy of your ticket/fare purchase should be attached to this form e.g. Victorian Student Pass, Transit Student Pass.							purchase						
		Form 5 for Multi-mode conveyance allowance: when a student uses more than one mode of transport (e.g. private car and public urney between home and school. The distance travelled must be 4.8km or more for each leg of the journey.											
APPLICANT DETAILS													
	RESIDENTIAL STREET ADDRESS												
Unit #		Street #		Address	5								
Town/Su	ıburb					State		Po			ode		
Exact dis	tance (in	n km) from home to school by the shortest practic					route			km			
		1			PARE	ENT/GUA	JARDIAN DETAILS						
First Name		Surname			me			Telephon					
First Name			Surname		me			Т		elephone			
Email													
TRAVELLER DETAILS													
Student	one				-								
First Nan	First Name Si		Su	urname				Date of birth		Travel start date			
School enrolled						Year level							
VSN								FTE (student must attend 3 days i.e. FTE 0.6 or more):					
Student claiming (please use X to highlight)													
To/from school						To/From School and off campus							
Student two													
First Nan	First Name		Su	Surname				Date of birth			Travel star	t date	
School enrolled							Year level						
VSN							FTE (student mu days i.e. FTE 0.6						
Student claiming (please use X to highlight)													
To/from school							To/From School and off campus						
Student	three				1								
First Nan	ne	Surname				Date of birth			Travel start date				
School enrolled						Year level							
VSN								FTE (student must attend 3 days i.e. FTE 0.6 or more):					
Student claiming (please use X to highlight)													
To/from school						To/From School and off							

#### Eligibility

An application on behalf of a student may be submitted if the student is:

- a Victorian resident.
- school aged and enrolled (3) three or more days per week at a school; and
- attending a school/campus located outside the Melbourne metropolitan conveyance boundary

A student who meets the above requirements may be eligible if they:

- attend their nearest or designated neighbourhood government school/campus appropriate to their year level, at which admission is permissible, or
- attend their nearest appropriate non-government school/campus appropriate to their year level, at which admission is permissible, and
- reside 4.8km or more by the shortest practicable route from the campus attended

*Note:* Eligibility is assessed when the School completes your child's application on the Student Conveyance Allowance System (SCAS). If approved, the allowance payable is based on the one-way distance to make the journey to and from school. For further information regarding the Conveyance Allowance Program see: https://www2.education.vic.gov.au/pal/conveyance-allowance/policy?Redirect=1

#### \*Multi-mode conveyance allowances

Multi-mode conveyance allowance applies when a student uses more than one mode of transport (e.g. private car and public transport) for a journey between home and school.

Refer to Form 5.

		OI	FICE USE	ONLY							
Date Form Submitted		Form Signed - Yes/No – if no, return to Parent/Guardian for signature									
Copy of ticket/fare purchase attached?		Proof of fare/ticket - Yes/No – if no, return to Parent/Guardian for copy to attach									
Parent/Guardian signed?		Date entered/ass on SCAS	Eligi			on SCAS - Y/N	1?				
Ticket Frequency (circle):	Daily	Weekly	Fortnight	:ly	Month	hly Term		Halt	f Yearly	Yearly	
Ticket Amount:											
Service Operator (if known)											
Service Route (if known):											
Have any of these students been granted eligibility on the basis of an exemption? If yes, specify exemption from policy e.g. lack of available spaces at nearest school/s, Special Case Panel Approval. Attach proof for this application e.g. Letter(s) confirming refused entry from all nearer schools. The letter(s) should be dated prior to the commencement date of the student at the school applying for the conveyance allowance.						om all					
Student one											
Student two											
Student three											
<i>Note:</i> Students not attending th apply in any of these circumstan available online at: https://www	ces. Further info	ormation regarding	these circui	mstance	es can be	e found in	the Conveyand	ce Allo		-	

# **OFFICE USE ONLY**

School SCAS Coordinator Name (please print):

School Signature – Principal / Delegate signature:

Date

### **PARENT/GUARDIAN TO COMPLETE:**

I certify that:

- 1. All the above details are true and correct to my knowledge.
- 2. I will notify the principal/delegate in writing within 7 days of any change of address or school.
- 3. The school will use personal information I have provided such as my address, child's enrolment details to assess and confirm their eligibility for the Conveyance Allowance Program using the Student Conveyance Allowance System (SCAS).
- 4. I consent to release this information to Department of Education (DET) representatives to assist with assessing my application on SCAS.
- 5. I understand the conveyance allowance is for the student/s named on the application form/s and cannot be withheld by the school in lieu of fees or late payments.
- 6. I understand my signed consent is required with this application form for the school to keep the conveyance allowance as a contribution towards school purchased tickets/fares to and from school only (*if you agree to give consent, please complete/sign consent below*).

Parent/guardian name (please print)
Parent/guardian signature
Date

# PARENT/GUARDIAN CONSENT FOR SCHOOL TO WITHHOLD CONVEYANCE ALLOWANCE:

I consent that:

- 1. The conveyance allowance payable to the student/s named on this application form will be withheld by the school as a contribution towards school purchased tickets/fares to and from school only.
- 2. I understand there may be additional costs incurred which the school may request that I cover.
- 3. I understand the conveyance allowance cannot be withheld or contribute towards procured bus services for school excursions.
- 4. I will notify the principal/delegate in writing if I wish to withdraw my consent to withhold my child's conveyance payments.
- 5. I understand withdrawal of my consent may not be effective until the next term claim period.

Parent/guardian name (please print)
Parent/guardian signature
Date