

# Form 3: Conveyance Allowance application - Public transport travel only

Year		Term		PLEA	ASE ENSU	RE ALL PAGES AR	E COMPLE	ETED AND SIGNE	D
Note: A	n eligible	student may be	e granted an a		n the least exp			cach together. opy of your ticket/fare p	ourchase
						nt uses more than one i at be 4.8km or more for		oort (e.g. private car and e journey.	public
					APPLICANT	DETAILS		机合成铁铁铁铁铁	
				RESI	DENTIAL STR	EET ADDRESS			
Unit#		Street #	Ac	ldress					
Town/Su	uburb			· · · · · · · · · · · · · · · · · · ·	State		Postc	rode	
Exact dis	stance (i	n km) from hon	ne to school	by the shortest p	racticable rou	ite and a line		km	
				PAF	RENT/GUARD	IAN DETAILS			
First Nar	me		S	iurname			Telephone	e	
First Nar	me		S	urname			Telephone	e	
Email				Tuesca.			Te Till		
					TRAVELLER	DETAILS			
Student	one	SEACH HARRY	Lande-proper	IN SECTION SEC					
First Nar	me		Surn	ame		Date of birth		Travel start date	
School enrolled						Year level			
VSN						FTE (student mus days i.e. FTE 0.6 c			
Student	claiming	(please use X to	highlight)						
To/from	school				To/F	rom School and off ous			
Student	two				<b>位于45</b> 元				
First Nar	me		Surn	ame		Date of birth		Travel start date	
School enrolled						Year level			
VSN						FTE (student mus			
Student	claiming	(please use X to	highlight)						
To/from	school				To/F cam	rom School and off ous			
Student	three								
First Nar	me		Surn	ame		Date of birth		Travel start date	-
School enrolled						Year level			V
VSN						FTE (student mus days i.e. FTE 0.6 c			
Student	claiming	(please use X to	highlight)						
To/from	school				To/F	rom School and off pus			

#### 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.

			OFFICE USE ONI	LY				
Date Form Submitted		Form Signed	- Yes/No – if no, ret	turn to Parent/	Guardian for sig	nature		
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 on SCAS	/assessed	Elig	ible on SCAS - Y	/N?	×	
Ticket Frequency (circle):	Daily	Weekly	Fortnightly	Monthly	Term	Half Yearly	Yearly	
Ticket Amount:								
Service Operator (if known)								
Service Route (if known):			* 1	1.72				
spaces at nearest school/s, S	oecial Case Pa	anel Approval. Atta	ich proof for this a	oplication e.g. I	etter(s) confirm	ing refused entry	from all	
spaces at nearest school/s, Spaces at nearest schools. The letter(s) allowance.	oecial Case Pa	anel Approval. Atta	ich proof for this a	oplication e.g. I	etter(s) confirm	ing refused entry	from all	
spaces at nearest school/s, Spaces at nearest schools. The letter(s) allowance.  Student one	oecial Case Pa	anel Approval. Atta	ich proof for this a	oplication e.g. I	etter(s) confirm	ing refused entry	from all	
Have any of these students b spaces at nearest school/s, Sinearer schools. The letter(s) allowance.  Student one Student two Student three	oecial Case Pa	anel Approval. Atta	ich proof for this a	oplication e.g. I	etter(s) confirm	ing refused entry	from all	

OFFICE USE ONLY	
School SCAS Coordinator Name (please print):	
School Signature – Principal / Delegate signature:	
Date	

P	ARENT	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)	1 17			
Parent/guardian signature		1		
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 (plea	ase print)		
Parent/guardian signature			
Date			

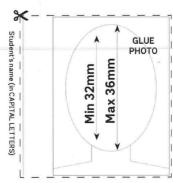


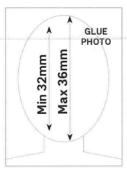
## 2023 PTV School Student ID and Student Pass application form\*

Applicant details				
irst name				
				-
ast name				
Address				
State	Postcode			
Phone number	4.5			
School declaration				
confirm the details of the student name s full-time and eligible for a PTV School	Student ID. I agree that this s	e correct. I've checked t school will let PTV know	if these details change.	s and the stude
confirm the details of the student name s full-time and eligible for a PTV School	Student ID. I agree that this s	e correct. I've checked t school will let PTV know	he student's school record rif these details change. Date (DD/MM/YYYY)	s and the stude
confirm the details of the student name s full-time and eligible for a PTV School	Student ID. I agree that this s	e correct. I've checked t school will let PTV know	if these details change.	s and the stude
confirm the details of the student name s full-time and eligible for a PTV School : Signature of Principal, Bursar, Registra	Student ID. I agree that this s	e correct. I've checked t school will let PTV know	if these details change.	s and the stude
confirm the details of the student name s full-time and eligible for a PTV School i Signature of Principal, Bursar, Registra Name of signatory	Student ID. I agree that this s	e correct. I've checked t school will let PTV know	if these details change.	s and the stude
I confirm the details of the student name is full-time and eligible for a PTV School i Signature of Principal, Bursar, Registra Name of signatory	Student ID. I agree that this s	e correct. I've checked t school will let PTV know	if these details change.	s and the stude
School declaration I confirm the details of the student name is full-time and eligible for a PTV School Signature of Principal, Bursar, Registral Name of signatory School Name	Student ID. I agree that this s	e correct. I've checked t school will let PTV know	if these details change.	s and the studer

\*A \$9 application fee applies.

### Please attach photos here





- Photos must be passport style and include head and shoulders. School photos or photos taken using a smartphone against a white background may be used
- Make sure they're colour, in focus and identical
- Don't use sticky tape
- Stamp the photos with your official stamp.
   Stamp the top left hand corner, not over the face.

Locations of issue: Metropolitan Premium Stations, staffed V/Line Stations, PTV Hubs, regional bus operators & V/Line ticket agents. Call 1800 800 007 for locations and hours of operation or visit ptv.vic.gov.au

Some stations may not be able to process forms before 9.30am and between 3.30pm to 6.00pm on weekdays.

Student Passes				
Choose your pass.  Pass validity dates — all from date of purcha 1st Half Year 31 July 2023, 2nd Half Year 28 Year and 1st Half Year Passes available to p 2nd Half Year Pass available to purchase fro	February 2024, Year 28 urchase from 1 January			
Victorian Student Pass: Half Year \$	328.00 Year \$63	1.00		
Regional Student Pass:				
Geelong (myki) Half Year \$177.00	Year \$353.00	Southwest (paper)	Half Year \$118.00	Year \$235.00
Ballarat (myki) Half Year \$177.00	Year \$353.00	Colac (paper)	Half Year \$118.00	Year \$235.00
Bendigo (myki) Half Year \$118.00	Year \$235.00	Portland (paper)	Half Year \$118.00	Year \$235.00
Terms and conditions and privac	y			
Issued subject to the Transport (Complianc Ticketing Conditions, and Conditions of Use	e and Miscellaneous) Act on the back of your PTV :	1983, the Regulations, c School Student ID.	conditions in the Victoria	an Fares and
You must carry your PTV School Student ID and present it on request.			ing on a Student Pass or	concession fare,
Your PTV School Student ID and pass remains can only be replaced at the place of purchase.	n PTV's property. Lost, st se. Originals, if found, mus	tolen or damaged PTV So st be returned to PTV.	chool Student IDs and S	tudent Passes
4. Your PTV School Student ID and Student Pa	ss can only be used by yo	ou and can't be transferre	ed to others.	
5. It's your responsibility to ensure you remai return your PTV School Student ID and Stu	n eligible for your PTV So dent Pass to the place o	chool Student ID. If you'r f purchase for a refund.	re no longer an eligible f	ull time student,
	ation of public transport	t ticketing laws. PTV ma	nages vour personal inf	formation in
for purposes associated with the administraccordance with its privacy policy at ptv.vi process your application. You can access y Officer, PO Box 4724, Melbourne VIC 3001.  I agree to these terms and conditions and have	c.gov.au. If you choose no our personal information	ot to provide the informa	ation requested, PTV m <b>ptv.vic.gov.au</b> or mail P	ay not be able to
accordance with its privacy policy at ptv.vi process your application. You can access y Officer, PO Box 4724, Melbourne VIC 3001.	c.gov.au. If you choose no our personal information	ot to provide the informa	ation requested, PTV m	ay not be able to
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accordance with its privacy policy at ptv.vi process your application. You can access y Officer, PO Box 4724, Melbourne VIC 3001.  I agree to these terms and conditions and have Signature of student or parent/guardian  Name of signatory  Office use only PTV School Student ID number	c.gov.au. If you choose no our personal information read the privacy notice.  Concession myki card	ot to provide the information in by email: ptvprivacy@	ation requested, PTV m <b>ptv.vic.gov.au</b> or mail P	ay not be able to
accordance with its privacy policy at ptv.vi process your application. You can access y Officer, PO Box 4724, Melbourne VIC 3001.  I agree to these terms and conditions and have Signature of student or parent/guardian  Name of signatory  Office use only	c.gov.au. If you choose no our personal information read the privacy notice.  Concession myki card	ot to provide the information of	ation requested, PTV m <b>ptv.vic.gov.au</b> or mail P	ay not be able to
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accordance with its privacy policy at ptv.vi process your application. You can access y Officer, PO Box 4724, Melbourne VIC 3001.  I agree to these terms and conditions and have Signature of student or parent/guardian  Name of signatory  Office use only PTV School Student ID number  Regional Student Pass number (paper)	c.gov.au. If you choose no our personal information read the privacy notice.  Concession myki card 3 0 8 4 2  Date of issue	ot to provide the information of	ation requested, PTV m <b>ptv.vic.gov.au</b> or mail P	ay not be able to
accordance with its privacy policy at ptv.vi process your application. You can access y Officer, PO Box 4724, Melbourne VIC 3001.  I agree to these terms and conditions and have Signature of student or parent/guardian  Name of signatory  Office use only PTV School Student ID number  Regional Student Pass number (paper)  Date entered into database	c.gov.au. If you choose nour personal information read the privacy notice.  Concession myki card 3 0 8 4 2  Date of issue  By (initials):	ot to provide the information by email: ptvprivacy@	ation requested, PTV m <b>ptv.vic.gov.au</b> or mail P	ay not be able to
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