NSW Department of Education
Assisted School Travel Program

Variation to approved transport arrangements

Use this form to request a permanent variation to approved transport arrangements.

IMPORTANT: Please note that variation requests may result in the student's eligibility being reassessed. The ASTP does not transport students to after school care, respite or therapy with NDIS service providers.

- A minimum of twenty (20) working days' notice prior to the requested start date is required.
- Email this completed form with supporting documents to variations.astp@det.nsw.edu.au.

School details

School: _____

Contact first name: _____ Last name: _____

Student details

First name: _____ Last name: _____

Date of birth: _____ ASTP ID: _____

Does the student have a NDIS Support Plan? ☐ Yes ☐ No

☐ Increase to the current approved transport journeys

Start date of increase in transport: _____

A new Part A of the Application for Assisted School Travel is required to be completed by the student's parents and forwarded by the school with this variation form to the ASTP.

☐ Decrease to the current approved transport journeys

Start date of decrease in transport: _____

Tick the journeys (AM and/or PM) that transport is **not required**:

AM ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri **PM** ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

In words, please confirm the above changes you wish to make:

_____

_____

☐ Change of residential address

A new Part A of the Application for Assisted School Travel is required to be completed by the student's parents and forwarded by the school with this variation form to the ASTP.

IMPORTANT: Where a change in the student's residential address results in greater distances to be travelled, the ASTP will contact the appropriate local office to confirm that the student's placement continues to be the closest appropriate educational setting. For more information refer to the ASTP procedures.

☐ Change in non-residential transport address

State date: _____ End date: _____

New transport address: _____ Phone: _____

Supervised by: _____ Relationship to student: _____

Tick the journeys (AM and/or PM) that **apply to the new transport address above**:

AM ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

PM ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Complete the following details if the new transport address is for an Out of School Hours (OOSH) facility.

Out of School Hours (OOSH) name: _____

Is this a registered National Disability Insurance Scheme (NDIS) service provider? ☐ Yes ☐ No

If yes, is NDIS funding the placement? ☐ Yes ☐ No

Provider approval number: _____ Service approval number: _____

IMPORTANT: Search ACECQA's national register for approved education and care providers.

☐ Request for part day exemption OR return to full time attendance at school

☐ First request ☐ Change or extension to existing request ☐ Return to full time attendance

Complete and forward the student's attendance plan and Application for part day exemption from attendance at school (refer to the school attendance procedures).

A new Part A of the Application for Assisted School Travel is required to be completed by the student's parents and forwarded by the school with this variation form to the ASTP.

☐ Shared care request (student's care to be shared between parents)

The Shared care travel request form must be attached to this variation form, along with a new Part A of the Application for Assisted School Travel for each parent requesting transport for their child.

☐ Temporary withdrawal of transport (only required for 20+ consecutive school days)

From date: _____ To date: _____

Reason: _____

_____

☐ Cancellation of transport

Last day on transport date: _____

Reason: _____

_____

Certification by the Principal

I declare that:

- The information provided by the parent in Part A of the Application for Assisted School Travel, together with the supporting documents, are true and complete to the best of my knowledge.
- I understand that the above changes may result in student eligibility being reassessed.

First name: _____ Last name: _____

Signature: _____ Date: _____

Privacy notice

The NSW Department of Education is subject to the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*. Provisions of the department's Privacy Code of Practice also apply to the collection of information from parents and caregivers. The information you provide is voluntary. If you do not provide all or any of this information, then the provision of assisted school travel may not be approved or may be delayed. Information from approved applications will be communicated to operators contracted to the department to provide transport services. Other persons and/or agencies that may be provided with this information are school staff, the transport driver and Assisted Travel Support Officer, Transport for NSW (TfNSW), the Department of Communities and Justice (DCJ), Department of Customer Service (DCS) and other government agencies.

The information received will only be used or disclosed for the following purposes:

- General student administration relating to the education and welfare of the student
- To determine the student's eligibility to access assisted school travel
- Communication with students and parents or carers
- To ensure the health, safety and welfare of students, staff and other occupants of a vehicle
- For any other purpose required by law.

The information will be stored securely. You may access or correct any personal information by contacting the Assisted School Travel Program. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the Assisted School Travel Program emailing generalenquiries.astp@det.nsw.edu.au. For further information, visit the department's privacy page.