NSW Department of Education
Assisted School Travel Program

School establishment form

This form is used to register a new school and support/satellite classes with the Assisted School Travel Program (ASTP).

Email this completed form to businessassurance.astp@det.nsw.edu.au.

Main school details

School name: _____

Address (Physical): _____

Suburb: _____ State: _____ Postcode: _____

Main phone no.: _____ Other phone no.: _____

Email: _____ AGE ID: _____

Local Government Area: _____ School level: _____

If a Government School, complete the following:

Director Educational Area: _____ School number: _____

If a Non-Government School, choose one: ☐ Catholic ☐ Independent ☐ Not specified

School Principal

First name: _____ Last name: _____

Email: _____

Primary contact

First name: _____ Last name: _____

Position: _____ Phone: _____

Email: _____

Outside of School hours contact

First name: _____ Last name: _____

Position: _____ Mobile: _____

Please complete the bell times for the main school, and all details for the support/satellite classes.

Main school bell times

Bell times:	Monday	Tuesday	Wednesday	Thursday	Friday
AM:					
PM:					

Support/Satellite 1 school details and bell times

Support/Satellite school name: _____

Address (Physical): _____

Suburb: _____ State: _____ Postcode: _____

Main phone number: _____ Other phone number: _____

Bell times:	Monday	Tuesday	Wednesday	Thursday	Friday
AM:					
PM:					

Support/Satellite 2 school details and bell times

Support/Satellite school name: _____

Address (Physical): _____

Suburb: _____ State: _____ Postcode: _____

Main phone number: _____ Other phone number: _____

Bell times:	Monday	Tuesday	Wednesday	Thursday	Friday
AM:					
PM:					

Certification by the Principal

I declare that:

- The above details are true, correct and comply with the student attendance sector policy.
- I understand that should any changes be required to the above, that they have been discussed with the parents impacted by the change as it may result in student eligibility being reassessed.

First name: _____ Last name: _____

Signature: _____ Date: _____