

Conveyance Allowance Application 2023



Students Attending a Secondary School

INFORMATION FOR PARENT/GUARDIAN

Complete the form to the best of your knowledge.

- 1.
2. 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.
3. 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.
4. Reimbursement is calculated on the basis of the one-way distance travelled.
5. 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.
6. The residential address should be based on the Rural Road Numbering System. PO Box's cannot be used.
7. Each additional student travelling in a Private Car will attract the 'additional student' rate.
8. 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
--------------	-----------------------------	----------	--

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:	___/___/2023 to ___/___/2023			
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:	\$	<i>Proof of purchase must be submitted with Application e.g. receipt/ticket</i>					
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

--

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: