BHS Conveyance Allowance Application 2027

Students Attending a Secondary School

INFORMATION FOR PARENT/GUARDIAN

1. Complete the form to the best of your knowledge.
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 zoned neighbourhood school at which admission is possible. Out of zone siblings are not eligible..
3. A private car or private bus conveyance allowance is not available if the journey could have been made using a Department-funded country school bus or PTV Youth free 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. Including those in Primary School. There can only be 1 x student claimed as "Furthermost".
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 if completing form manually)

First Name:		Surname:	
Date of Birth:		Time Fraction:	Full-Time ☐ or Part-Time ☐
Enrolment Date:		Year Level:	
Street Address :			
Suburb/Town:		Postcode:	

B STUDENT ENROLMENT DETAILS (Please circle or print clearly if completing form manually)

Is the student on the DI Program?	Yes ☐	No ☐	*DI=Disability Inclusion Tier 3 funding*
Distance from home to school:	(km's)		*See notes 4, 5 and 6 above*
OR Distance from home to bus stop:	(km's)		*See notes 4, 5 and 6 above*
Is student attending neighbourhood school?	Yes ☐	No ☐	*If no, please provide details in Part E*

C TRAVEL INFORMATION (Please circle or print clearly if completing form manually)

Travel start/end date:	_____/_____/2027 to _____/_____/2027			
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	Half Yearly	Yearly
Ticket Amount:	$	*Proof of purchase must be submitted with Application e.g. receipt/ticket*		
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 if completing form manually)

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 (DE) 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: