

APPLICATION FOR A TEMPORARY CHANGE TO EXISTING TRANSPORT ARRANGEMENTS

This form is to be used when seeking a variation to the existing transport arrangements for students with disabilities. Normally ten (10) working days' notice is required. If this is an emergency, please contact the Principal. The requested change will apply only for the dates listed.

1. STUDENT DETAILS

Family Name Preferred Given Name
 School/unit/class to be attended

2. PARENT/CAREGIVER DETAILS

Family Name Preferred Given Name
 Address where student lives
 Home phone no. Mobile phone no.
 Emergency contact phone no (if above not available)

3. TEMPORARY VARIATION

Respite address
 Respite phone no

Start date of respite <input type="text"/>	Please mark <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Finish date of respite <input type="text"/>	Please mark <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Start date of respite <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	Finish date of respite <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM
Start date of respite <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	Finish date of respite <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Start date of respite <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	Finish date of respite <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM

4. PARENT/CAREGIVER DECLARATION

Can the student travel safely in a bus, taxi or access cab? Yes No
 I certify that the information contained in this application is correct.
 _____ Date: / /
 Signature of parent/caregiver

5. TO BE COMPLETED BY SCHOOL PRINCIPAL / DIRECTOR

_____ Date: / /
 Name of recommending principal Signature

(OFFICE USE ONLY)

Approved / Not approved	Date: / /	Alternative Taxi Run No.	
Comments:			