## 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			I	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 phon	e no.		
Emergency contact p	ohone no	(if above not available)					
3. TEMPORARY VARIATION							
Respite address							
Respite phone no							
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4. PARENT/CAREGIVER DECLARATION							
Can the student travel safely in a bus, taxi or access cab?							
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 appr	oved	Date: /	1	Alternative Taxi	Run No.		
Comments:							

Return to Senior Transport Officer - Special Education: Email <u>DECD.SWADTransportApprovals@sa.gov.au</u> or Fax: 8115 5764

