

ASSISTED SCHOOL TRAVEL PROGRAM VARIATION TO APPROVED TRANSPORT ARRANGEMENTS FOR 2022

School:					Section:				
Contact Person:									
School Phone:			School e-mail:						
Student:						Run Number:			
The following variation to existing APPROVED travel arrangements is required (✓)									
Change of residential address	A new Part A of the Application for Assisted School Travel is required to be completed by the student's parents and forwarded by the school with this variation form to the ASTP. Please note where the change of address results in greater distances to be travelled the ASTP will								
contact the appropriate local office to confirm that the student's placement continues to be the closest appropriate educational setting to the student's residential address (please refer to the ASTP guidelines).									
☐ Increase/De	crease of	transport							
Current Appr	roved Tra	nsport Arra	angements:		T				
Monday		Tues	day	Wednesday	Thursday		Friday		
□ am			am	□ am	□ am		□ am		
□ pm			pm	□ pm	□ pm		□ pm		
Requested T	ransport	Arrangeme	ents for:						
Start date:									
☐ Increase in Transport – a new Part A of the Application for Assisted School Travel is required to be completed by the student's parents and forwarded by the school with this variation form to the ASTP.									
□ Dec	crease in	Transport							
Monday		Tues	day	Wednesday	Thursday		Friday		
□ am			am	□ am	□ am		□ am		
□ pm			pm	□ pm	□ pm		□ pm		
☐ Change of t	ransport	address							
Start date: Finish date:									
Parent / Carer Name:									
Relationship to Student:									
Contact Telephone Number/s:									
Address:									
□ Requested address is the students residential address – a new Part A of the Application for Assisted School Travel is required to be completed by the student's parents and forwarded by the school with this variation form to the ASTP.									
Irave	el is require	ed to be com	pieted by the stud	ioni o paronio ana ioni	idea by the concern		iorm to the ASTP.		
			IDIS Service Pro				form to the ASTP.		
			IDIS Service Pro		Thursday		Friday		
□ Requ		dress is a N Tues	IDIS Service Pro	ovider	r				

☐ CI	Change of	Refer to Guidelines for Exemption from School					
	attendance times at school	☐ Attach B: Application for Part Day Exemption and C: Certificate for Exemption from attendance at School.					
		☐ First Request - A new Part A of the <i>Application for Assisted School Travel</i> is required to be completed by the student's parents and forwarded by the school with this variation form to the ASTP.					
		Return to Full Time Attendance - A new Part A of the Application for Assisted School Travel is required to be completed by the student's parents and forwarded by the school with this variation form to the ASTP.					
_	Tamananana						
	Temporary Withdrawal of	ASTP only requires a variation where the withdrawal is for 20 consecutive school days or more.					
	Transport	From Date: To Date:					
		Reason:					
	Cancellation of Transport	From Date:					
		Reason:					
_							
	Other	Please attach additional information.					
	ortant:	tion required to the ACTD places are use that all relevant our position information is attached to analyse					
Before submitting this variation request to the ASTP, please ensure that all relevant supporting information is attached to enable the timely assessment of this request. Please tick as applicable (□) the documentation you are providing to support this request:							
□ Part A of the Application for Assisted School Travel (Change of residential address or additional travel assistance)							
□ 3.5 Certificate for Exemption from Attendance at School (refer: <u>Guidelines for Exemption from School</u>) together with student's part-time attendance plan. (Full day or part-day exemption from attendance at school)							
Certification by the Principal							
☐ The information provided by the parent in Part A of the Application for Assisted School Travel (if applicable) is to the best of my knowledge and belief accurate and complete; and							
	☐ All relevant supporting documents have been completed and are attached.						
Prir	ncipal's name:	Signature: Date:					

Where possible a minimum of seven (7) working days' notice prior to the requested start date is required.

Variations can be scanned and emailed to: variations.astp@det.nsw.edu.au

PRIVACY NOTICE

The NSW Department of Education is subject to the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*. Provisions of the department's Privacy Code of Practice also apply to the collection of information from parents and caregivers. The information you provide is voluntary. If you do not provide all or any of this information, then the provision of assisted school travel may not be approved or may be delayed. Information from approved applications will be communicated to operators contracted to the department to provide transport services. Other persons and/or agencies that may be provided with this information are school staff, the transport driver and Assisted Travel Support Officer, Roads and Maritime Services (RMS), Transport for NSW, Department of Family and Community Services, and other government agencies. For more information, read our privacy policy.