

Student shared care travel request

The Assisted School Travel Program may be able to support families in meeting shared care travel arrangements for eligible students to and from school.

If both parents are requesting transport for their child, then each parent will need to attached this form to Part A of the ASTP student application.

Student details

First Name: _____ Surname: _____ Date of birth: _____

Parent details

First Name: _____ Surname: _____ Phone number: _____

For shared care travel arrangements, the following two-week pattern will be considered commencing date: _____

Week A	Mon	Tues	Wed	Thurs	Fri
--------	-----	------	-----	-------	-----

Transport Address: _____ AM

Supervised by: _____ Relation: _____ Phone: _____ PM

Transport Address: _____ AM

Supervised by: _____ Relation: _____ Phone: _____ PM

Transport Address: _____ AM

Supervised by: _____ Relation: _____ Phone: _____ PM

Week B	Mon	Tues	Wed	Thurs	Fri
--------	-----	------	-----	-------	-----

Transport Address: _____ AM

Supervised by: _____ Relation: _____ Phone: _____ PM

Transport Address: _____ AM

Supervised by: _____ Relation: _____ Phone: _____ PM

Transport Address: _____ AM

Supervised by: _____ Relation: _____ Phone: _____ PM

Certification by Parent

These details are true & correct & in line with personal arrangements or any Court Ordered Agreements.

Parent signature: _____ Date: _____