

Parents have the primary responsibility for the transport of their children to and from school and are required to notify the school principal and the Assisted School Travel Program of any circumstances or change in circumstances likely to affect the student's entitlement to or ongoing need for transport assistance. Where information is found to be false or misleading, any decisions made on the basis of that information may result in the reversal of such decisions. The roles and responsibilities of parents are detailed in the Assisted School Travel Program Guidelines, located on the department's internet site and available in hard copy on request from the Assisted School Travel Program.

Your Privacy Protected

The NSW Department of Education is subject to the *Privacy and Personal Information Protection Act 1998* (NSW) 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. However, 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 contractors who provide transport services to the department. Other persons and/or agencies that may be provided with this information are the student's school, other schools whose students use the same transport run, the transport driver and Assisted Travel Support Officer, Roads and Maritime Services (RMS), Transport for NSW, the Department of Family and Community Services and other government agencies.

The information received will only be used or disclosed for the following purposes:

- General administration relating to the education and welfare of the student
- To determine the student's eligibility to access assisted school travel
- Communication with students and parents
- To ensure the health, safety and welfare of students, staff and other occupants of a vehicle
- For any other purpose required by law

The information will be stored securely. You may access or correct any personal information by contacting the Assisted School Travel Program. If you have a concern or complaint about the way your personal information has been collected, used, or disclosed, you should contact the Assisted School Travel Program by email to generalenquiries.astp@det.nsw.edu.au

The health-related information collected is subject to the Health Records and Information Privacy Act 2002. It is being collected for the primary purpose of ensuring the health and safety of all students, staff and occupants of the vehicle. It may be used and disclosed to medical practitioners, health workers, other government agencies and/or schools for this primary purpose, or for other, related purposes.

Declaration and Consent by Parent

Acknowledgement, Declaration of Accuracy and Consent (all boxes must be ticked):

- ☐ I acknowledge that access to assisted school travel will only be considered if my child (student) meets the eligibility criteria (as explained to me by the school principal) and if I am able to demonstrate to the satisfaction of the Department of Education that I am unable to provide or arrange transport for the student either fully or in part.
- ☐ I consent to the Department of Education disclosing the information provided within this application in accordance with the details shown above.
- ☐ I consent to the Department of Education seeking access to relevant information about this student and/or my personal circumstances from schools, health care professionals, my employer or education provider, other government agencies or relevant persons in order to assess the student's eligibility to access assisted school travel. I understand that should I refuse to allow this information to be obtained this application for assisted school travel cannot be processed.
- ☐ I understand that an assessment of the student's travel support needs will be undertaken as part of the application process and that access to assisted school travel cannot be guaranteed by the submission of this application.
- ☐ I declare that should the student be approved to access assisted school travel I will advise the school principal and the Assisted School Travel Program immediately of any changes to my circumstances that may affect the student's ongoing eligibility to access transport assistance.
- ☐ I consent to personal and health information about this student held by the Department of Education to be used for the purpose of completing this application.

Student's Name

Signature of PARENT 1

Print Name

DAY Month YEAR

Date

Signature of PARENT 2

Print Name

DAY Month YEAR

Date