

**ASSISTED SCHOOL TRAVEL PROGRAM
VARIATION TO APPROVED TRANSPORT ARRANGEMENTS FOR 2020**

School:		Section:	
Contact Person:			
School Phone:		School e-mail:	
Student:			Run Number:

The following variation to existing APPROVED travel arrangements is required (✓)

<input type="checkbox"/> Change of residential address	<input type="checkbox"/> 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. 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).
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<input type="checkbox"/> Increase/Decrease of transport				
Current Approved Transport Arrangements:				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm
Requested Transport Arrangements for:				
Start date:		Finish date:		
<input type="checkbox"/> Increase in Transport – 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.				
<input type="checkbox"/> Decrease in Transport				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm

<input type="checkbox"/> Change of transport address				
Start date:		Finish date:		
Parent / Carer Name: _____ Relationship to Student: _____ Contact Telephone Number/s: _____ Address: _____				
<input type="checkbox"/> Requested address is the students residential address – 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.				
<input type="checkbox"/> Requested address is a NDIS Service Provider				
Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm

<input type="checkbox"/> Change of attendance times at school	<p>Refer to Guidelines for Exemption from School</p> <p><input type="checkbox"/> Attach B: Application for Part Day Exemption and C: Certificate for Exemption from attendance at School.</p> <p><input type="checkbox"/> First Request - 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.</p> <p><input type="checkbox"/> 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.</p>
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<input type="checkbox"/> Temporary Withdrawal of Transport	<p>ASTP only requires a variation where the withdrawal is for 20 consecutive school days or more.</p> <p>From Date: _____ To Date: _____</p> <p>Reason: _____</p>
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<input type="checkbox"/> Cancellation of Transport	<p>From Date: _____</p> <p>Reason: _____</p>
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<input type="checkbox"/> Other	<p>Please attach additional information.</p>
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Important:		
<p>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 (<input type="checkbox"/>) the documentation you are providing to support this request:</p> <p><input type="checkbox"/> Part A of the Application for Assisted School Travel (Change of residential address or additional travel assistance)</p> <p><input type="checkbox"/> 3.5 Certificate for Exemption from Attendance at School (refer: Guidelines for Exemption from School) together with student's part-time attendance plan. (Full day or part-day exemption from attendance at school)</p>		
Certification by the Principal		
<p><input type="checkbox"/> The information provided by the parent in Part A of the <i>Application for Assisted School Travel</i> (if applicable) is to the best of my knowledge and belief accurate and complete; and</p> <p><input type="checkbox"/> All relevant supporting documents have been completed and are attached.</p>		
Principal'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](#).