

Form 3: Conveyance Allowance application - Public transport travel only

Year	2023	Term 1-4 PLEASE ENSURE ALL PAGES ARE COMPLETED AND SIGNED											
If there are more than three students claiming from this home residence, please complete another Form 3 and attach together. Note: An eligible student may be granted an allowance based on the least expensive public transport fares only. A copy of your ticket/fare purchase should be attached to this form e.g. Victorian Student Pass, Transit Student Pass.													
Please complete Form 5 for Multi-mode conveyance allowance: when a student uses more than one mode of transport (e.g. private car and public transport) for a journey between home and school. The distance travelled must be 4.8km or more for each leg of the journey.													
APPLICANT DETAILS													
RESIDENTIAL STREET ADDRESS													
Unit #		Street #		Address									
Town/Su	burb				St			Posto			ode		
Exact dis	tance (in	km) from h	ome to sch	nool by the	e shortest pra	cticable	ble route km						
					PARE	NT/GUA	RDIAN	DETAILS					
First Nan	ne			Surnan	Surname			Telephone		lephone	:		
First Nan	ne			Surnan	ne			Telephone					
Email													
TRAVELLER DETAILS													
Student	one												
First Nan	ne	Surname					Date of birth				Travel start date		
School enrolled								Year level					
VSN							FTE (student must attend 3 days i.e. FTE 0.6 or more):						
Student o	claiming (please use X	to highligh	t)									
To/from school				To/Fror campus			n School and off						
Student two													
First Nan	ne	Surname				Date of birth			Travel start date				
School enrolled		Yo					Year level						
VSN							FTE (student must attend 3 days i.e. FTE 0.6 or more):						
Student o	claiming (please use X	to highligh	t)									
To/from school				To/Fror campus			n School and off						
Student three													
First Nan	ne		9	Surname			Date of birth	ate of birth		Travel star	t date		
School enrolled							Year level						
VSN							FTE (student must attend 3 days i.e. FTE 0.6 or more):						
Student claiming (please use X to highlight)													
To/from school To/From School and off campus													
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Issued March 2022 Page 1 of 4

Eligibility

An application on behalf of a student may be submitted if the student is:

- a Victorian resident.
- school aged and enrolled (3) three or more days per week at a school; and
- attending a school/campus located outside the Melbourne metropolitan conveyance boundary

A student who meets the above requirements may be eligible if they:

- attend their nearest or designated neighbourhood government school/campus appropriate to their year level, at which admission is permissible, or
- attend their nearest appropriate non-government school/campus appropriate to their year level, at which admission is permissible, and
- reside 4.8km or more by the shortest practicable route from the campus attended

Note: Eligibility is assessed when the School completes your child's application on the Student Conveyance Allowance System (SCAS). If approved, the allowance payable is based on the one-way distance to make the journey to and from school. For further information regarding the Conveyance Allowance Program see: https://www2.education.vic.gov.au/pal/conveyance-allowance/policy?Redirect=1

*Multi-mode conveyance allowances

Multi-mode conveyance allowance applies when a student uses more than one mode of transport (e.g. private car and public transport) for a journey between home and school.

Refer to Form 5.

Ticket Frequency (circle):	Daily	Weekly	Fortnightly	Monthly	Term	Half Yearly	Yearly
Ticket Amount:		•			•	•	•
Service Operator (if known)							
Service Route (if known):							
spaces at nearest school/s, Spe nearer schools. The letter(s) st allowance.		• •					
Student one							
Student two							
Student three							
Note: Students not attending th	eir nearest scho	ol/campus may o	ualify for a convey	ance allowance in	n some circumst	ances only. Sibling	rights do no

Note: Students not attending their nearest school/campus may qualify for a conveyance allowance in some circumstances only. Sibling rights do not apply in any of these circumstances. Further information regarding these circumstances can be found in the Conveyance Allowance Program policy available online at: https://www2.education.vic.gov.au/pal/conveyance-allowance/guidance or by contacting your school.

Issued March 2022 Page 2 of 4

OFFICE USE ONLY	
School SCAS Coordinator Name (please print):	
School Signature – Principal / Delegate signature:	
Date	

Date Form Submitted	Form Signed - Yes/No – if no, return to Parent/Guardian for signature			
Copy of ticket/fare purchase attached?	Proof of fare/ticket - Yes/No – if no, return to Parent/Guardian for copy to attach			
Parent/Guardian signed?	Date entered/assessed on SCAS	Eligible on SCAS - Y/N?		

Issued March 2022 Page 3 of 4

PARENT/GUARDIAN TO COMPLETE:

I certify that:

- 1. All the above details are true and correct to my knowledge.
- 2. I will notify the principal/delegate in writing within 7 days of any change of address or school.
- 3. The school will use personal information I have provided such as my address, child's enrolment details to assess and confirm their eligibility for the Conveyance Allowance Program using the Student Conveyance Allowance System (SCAS).
- 4. I consent to release this information to Department of Education (DET) representatives to assist with assessing my application on SCAS.
- 5. I understand the conveyance allowance is for the student/s named on the application form/s and cannot be withheld by the school in lieu of fees or late payments.
- 6. I understand my signed consent is required with this application form for the school to keep the conveyance allowance as a contribution towards school purchased tickets/fares to and from school only (*if you agree to give consent, please complete/sign consent below*).

Parent/guardian name (please print)
Parent/guardian signature
Date
BANK DETAILS FOR CONVEYACNE ALLOWANCE TO BE PAID INTO

BANK DETAILS FOR CONVEYACNE ALLOWANCE TO BE PAID INTO					
All Conveyance Allowance payments are made by Electronic Funds Transfer (EFT).					
Please provide bank details below:					
Bank Name:	Account Name:				
BSB:	Account Number:				

Issued March 2022 Page 4 of 4