

Variation to approved transport arrangements

Use this form to request a permanent variation to approved transport arrangements. A minimum of ten (10) working days' notice prior to the requested start date is required.

Return this completed form with supporting documents to variations.astp@det.nsw.edu.au

IMPORTANT: Please note that variation requests may result in the student's eligibility being reassessed. The ASTP does not transport students to after school care, respite or therapy with NDIS service providers.

School details

School: _____

Contact first name: _____ Contact last name: _____

Student details

First name: _____ Last name: _____

Date of Birth: _____ ASTP ID: _____

Does the student have a NDIS Support Plan? Yes No

Increase to the current approved transport journeys

Start date of 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.

Decrease to the current approved transport journeys

Start date of decrease in transport: _____

Tick the journeys (AM and/or PM) that transport is **not required**:

AM Mon Tue Wed Thu Fri **PM** Mon Tue Wed Thu Fri

In words, please confirm the above changes you wish to make:

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.

IMPORTANT: Where a change in the student's residential 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. For more information refer to the [ASTP Procedures](#).

Change in non-residential transport address

Start date: _____ End date: _____

New transport address: _____ Phone: _____

Supervised by: _____ Relationship to student: _____

Tick the journeys (AM and/or PM) that **apply to the new transport address above**:

AM Mon Tue Wed Thu Fri **PM** Mon Tue Wed Thu Fri

Complete the following details if the new transport address is for an Out of School Hours (OOSH) facility.

Out of School Hours (OOSH) name: _____

Is this a registered National Disability Insurance Scheme (NDIS) service provider? Yes No

If yes, is NDIS funding the placement? Yes No

Provider approval number: _____ Service approval number: _____

IMPORTANT: Search [ACECQA's national register](#) for approved education and care providers.

Request for part day exemption OR return to full time attendance at school

First request Change or extension to existing request Return to full time attendance

Complete and forward the student's attendance plan and [Certificate for exemption from attendance at school](#) (refer to the [school attendance procedures](#)).

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.

Shared care request (student's care to be shared between parents)

The [Shared care travel request form](#) must be attached to this variation form, along with a new [Part A of the Application for Assisted School Travel](#) for each parent requesting transport for their child.

Temporary withdrawal of transport (only required for 20+ consecutive school days)

From date: _____ To date: _____

Reason: _____

Cancellation of transport

Last day on transport date: _____

Reason: _____

Certification by the Principal

I declare that:

- The information provided by the parent in Part A of the Application for Assisted School Travel, together with the supporting documents, are true and complete to the best of my knowledge.
- I understand that the above changes may result in student eligibility being reassessed.

First name: _____ Last name: _____

Signature:  _____ Date: _____

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, Transport for NSW (TfNSW), the Department of Communities and Justice (DCJ), Department of Customer Service (DCS) and other government agencies.

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

- General student 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 or carers
- 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 emailing generalenquiries.astp@det.nsw.edu.au. For further information, visit the department's [privacy page](#).