## **Transport Appeal Submission**

**School Transport Assistance Program**

**for Students with Disabilities**

|  |  |  |
| --- | --- | --- |
| *To* | Assistant Regional Director, | |
| *Submission from* | Mr/Mrs/Ms/Miss | |
| *Relationship to student* | Mother  Father  Carer | |
| *Address* |  | |
| *Phone Contact* |  | |
| *Student Name* |  | |
| *School* |  | |
| *Date of letter received:*  *Approved  Not Approved for Transport Assistance* | | / / |

**Transport assistance requested by parent/carer** *(please tick)*

Conveyance

Category 1 – Public Transport  Bus  Rail  Ferry

Contract transport – minibus or taxi

**Reason for submission**

*(Please refer to the attached guidelines. In your submission please refer to the part(s) of the Principal Advisor, Education Services or delegates decision which you disagree with. Please provide additional relevant information and copies of relevant documentation to support your submission.)*

* 1. **Identify which part of the decision you are contesting.**
  2. **State your reasons for contesting the decision.**
  3. **Add any further information you believe is relevant to be considered.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature parent/carer)

Date: / /