

## School transport assistance program for students with disability

### Transport appeal submission

To	Executive Director, Regional Operations Officer or delegate		
Submission from			
Relationship to student	Parent	Carer	
Address			
Phone contact			
Student name			
School			
Date of letter received:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved for transport assistance	/ /

#### Transport assistance requested by parent/carers (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 Education Officer, Student Services or delegates decision which you disagree with. Please provide additional relevant information and copies of relevant documentation to support your submission.)

#### (a) Identify which part of the decision you are contesting.

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#### (b) State your reasons for contesting the decision.

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#### (c) Add any further information you believe is relevant to be considered.

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(Signature parent/carers)

Date:      /      /

**Uncontrolled copy.** Refer to the Department of Education Policy and Procedure Register at <https://ppr.qed.qld.gov.au/pp/school-transport-assistance-program-for-students-with-disability-procedure> to ensure you have the most current version of this document.