



Government of South Australia
Department for Education and
Child Development

Transport Services Unit, DECD

GPO Box 1152
Adelaide SA 5001
Tel: (08) 8226 1471
Fax: (08) 8226 1488
Email: DECD.TransportServices@sa.gov.au

**South Australian State Education Allowance
and Remote Travel Allowance
Application for the School Year: eg. 2015**

*To complete this application, a parent or guardian is required
to provide information in each of sections 1, 2 and 3*

SECTION 1: APPLICANT DETAILS

Title:

Family name:

Given name:

Email address:

Contact phone no:

Postal address (for correspondence and payments):

Residential address of student(s):

*Please provide details of location, including any
of the following: Key tag/ Rapid number, Hundred
and section number (if known) and/or provide a map.*

REMOTE TRAVEL ALLOWANCE

The Remote Travel Allowance of \$250 per student is payable when a residential address is more than 150km from the nearest public transport.

Are you eligible for Remote Travel Allowance?

SECTION 2: STUDENT DETAILS (for whom benefits are being sought)

		1 st Student	2 nd Student	3 rd Student
a	Family name:			
b	Given name(s):			
c	Student date of birth:			
d	Current year level:			
e	Is the student receiving AIC Boarding Allowance?			
f	Is the student required to board away from home to attend secondary school?			
g	Date commenced school:			
h	Name of school attending:			
i	Student boarding address:			

Is a copy of your Assistance for Isolated Children (AIC) Boarding Allowance approval from Centrelink attached?

PLEASE NOTE: The South Australian State Education Allowance is only available to families who receive the AIC Boarding Allowance from Centrelink

SECTION 3: APPLICANT AGREEMENT

I,

declare that I am a permanent resident of South Australia.

If I am eligible to receive benefits under the *South Australian State Education Allowance*, on behalf of any student detailed on this form,

I will immediately advise Transport Services, Department for Education and Child Development (DECD) in writing if any of the following occurs:

- The student(s) address changes permanently
- The student(s) cease to live away from home to attend school
- The student(s) transfer to another school
- My home address changes permanently

I hereby authorise *Centrelink* to release to the *Department for Education and Child Development*, any information pertaining to my application for assistance in order to determine my eligibility for the *South Australian State Education Allowance*.

Signed:

Date: