

2012 Application for Bus Fare Assistance - Semester 1

Only apply if you are paying more than \$20.00 (\$15.00 with a Concession card) in bus fares per week per family.

Applicant (Parent/Carer) Details:

Applicant ID Number (if known)

| | |
|-----------|----|
| ID Number | ta |
|-----------|----|

Applicant Name

| | |
|-------------|--|
| Title | |
| Surname | |
| Given Name | |
| Middle Name | |

Applicant Home Address

| | |
|----------------------|--|
| Street Number & Name | |
| Suburb/Town | |
| Postcode | |

Applicant Contact Details

| | |
|---------------------------------|--|
| Telephone (during office hours) | |
| Mobile | |
| Email Address | |

Applicant Bank Details

| | |
|--------------|--|
| BSB | |
| Account No | |
| Account Name | |

Applicant Concession Card Details (if you currently hold one)

| | |
|------------------|-----|
| Pensioner | CRN |
| Veterans Affairs | DVA |
| Health Care Card | CRN |

As the person completing this application, I authorise Centrelink to confirm with Queensland Catholic Education Commission the current status of my Commonwealth Benefit and other details as they pertain to my concessional entitlement. This involves electronically matching details I have provided to the Commission with Centrelink or the Department of Veteran Affairs (DVA), records to confirm whether or not I am currently receiving a Centrelink or DVA benefit.

Student Details (if you are applying for more than three children, please use another application form to add their details.):

| | Student 1 | Student 2 | Student 3 |
|--|---|---|---|
| Student ID Number (if known) | S | S | S |
| Surname | | | |
| Given Name | | | |
| Middle Name | | | |
| Date of Birth | | | |
| School Attended | | | |
| School Suburb | | | |
| Year Level | | | |
| Main Transport Provider | | | |
| Average Weekly Fare | \$ | \$ | \$ |
| Is the student a weekly boarder? | YES / NO | YES / NO | YES / NO |
| Did the student catch the bus from the first week of this current semester? | YES | YES | YES |
| | NO - please enter the DATE when the student commenced catching the bus: _____ | NO - please enter the DATE when the student commenced catching the bus: _____ | NO - please enter the DATE when the student commenced catching the bus: _____ |
| Number of <i>full</i> weeks the student did not catch the bus this current semester due to illness, exams, camp or excursions (excluding school holidays)? | | | |

I certify that the information provided here is accurate and I agree to my information being confirmed with the appropriate authorities.

Applicant Name:

Signature:

Date: