

2012 Application for Student with Disabilities - Semester 1

Applicant Details (Parent/Carer):

Applicant ID Number (if known)

ID Number	ta
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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 one child, please use another application form to add their details).

Student ID Number (if known)	S
Surname	
Given Name	
Middle Name	
Date of Birth	
School Attended	
School Suburb	
Year Level	
Date the student commenced school this current semester?	
Number of days per week attending school for this current semester?	
Number of <i>full</i> weeks the student did not attend school this current semester due to illness, exams, camp or excursions (excluding school holidays)?	

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

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1. Please indicate with a tick, the student's general travel pattern. (If you car pool, <i>only</i> show the days that you drive):										
	Mon	Mon	Tues	Tues	Wed	Wed	Thurs	Thurs	Fri	Fri
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Car										
Car Pool										
Bus										
Ferry										
Rail										
Taxi										
2. If you indicated Car/Car Pool:										
Please indicate the number of kilometres driven from the student's residence, to either:										
- the school attended e.g. 9.6									kms	
- the school attended (when car pooling) e.g. 15.8									kms	
- public transport pick up point (i.e. bus stop) e.g. 2.4									kms	
3. If you indicated Bus/Ferry:										
Average weekly fare:									\$	
Type of ticket: e.g. single/weekly/monthly/semester/Go-Card										
Does the student pay to travel on a school owned bus?									Yes/No	
Main Transport Provider:										
4. If you indicated Rail:										
Average weekly fare:									\$	
Type of ticket: e.g. single/weekly/monthly/semester/Go-Card										
5. If you indicated Taxi (NB: Eligible applicants may be asked to provide evidence of these taxi expenses in the form of receipts):										
Average weekly out of pocket expense (after deducting any other government subsidies):									\$	
Have you applied to Queensland Transport's Taxi Subsidy Scheme for travel assistance for this student?									Yes/No	
6. All Applicants:										
Have you applied to Queensland Transport for any travel assistance for this student?									Yes/No	

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: