



Please complete this form to register your child/children for the student travel subsidy scheme. For further information, please visit [www.transport.wa.gov.au/On-demandTransport/travel-subsidies.asp](http://www.transport.wa.gov.au/On-demandTransport/travel-subsidies.asp)

**PARENT/GUARDIAN ONE DETAILS**

Parent 1: The person who has primary responsibility for the day-to-day care, welfare and development of the child/children and is the primary contact.

GIVEN NAME/S

FAMILY NAME

DATE OF BIRTH

 /  / 

RELATIONSHIP TO STUDENT(S)

RESIDENTIAL ADDRESS

  


SUBURB

STATE

W A

POST CODE

POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL)

  


SUBURB

STATE

W A

POST CODE

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

ARE YOU AN AUSTRALIAN CITIZEN?

 YES  NO

IF NO, ARE YOU A PERMANENT RESIDENT OF AUSTRALIA?

 YES  NO

PLEASE PROVIDE DETAILS OF TWO OF THE FOLLOWING DOCUMENTS IN YOUR NAME:

**WA DRIVER'S LICENCE NUMBER**

**AUSTRALIAN PASSPORT**

**EXPIRY DATE**

 /  / 

**MEDICARE CARD**

**IRN**

**EXPIRY DATE**

 /  / 

**CARD COLOUR**

**BIRTH CERTIFICATE**

**STATE/TERRITORY**

**DATE/YEAR OF REGISTRATION**

**CERTIFICATE NUMBER**

**REGISTRATION NUMBER**

 / 

**PARENT/GUARDIAN ONE DETAILS CONT.**

**AUSTRALIAN CITIZENSHIP CERTIFICATE**

STOCK NUMBER

ACQUISITION DATE

 /  / 

EVIDENCE NUMBER

**CERTIFICATE OF CITIZENSHIP BY DESCENT**

DATE OF BIRTH

 /  / 

ACQUISITION DATE

 /  / 

CLIENT ID

**IMMICARD**

ACQUISITION DATE

 /  / 

CARD NUMBER

If you have not provided the details of your WA driver's licence above, please provide a copy of one of the following documents with this application to prove your residential address:

- current Vehicle Licence and Motor Injury Insurance Policy
- rates notice
- utility account (no more than 3 months old)
- electoral enrolment.

**PARENT/GUARDIAN TWO DETAILS**

Parent 2: Other parent responsible for the day-to-day care, welfare and development of the child/children and/or has legal parental responsibility, if applicable.

GIVEN NAME/S

FAMILY NAME

DATE OF BIRTH

 /  / 

RELATIONSHIP TO STUDENT(S)

RESIDENTIAL ADDRESS (OR SAME AS PARENT ONE)

  


SUBURB

STATE

W A

POST CODE

POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL)

  


SUBURB

STATE

W A

POST CODE

PHONE NUMBER

MOBILE NUMBER

EMAIL ADDRESS

## STUDENT ONE DETAILS

GIVEN NAME/S

FAMILY NAME

DATE OF BIRTH

 /  / 

EDUCATIONAL INSTITUTION ATTENDED

GRADE/LEVEL

IS THE STUDENT BOARDING AT THE INSTITUTION?

 YES  NO

IF NO, WHERE DOES THE STUDENT LIVE DURING TERM/SEMESTER?

WHO DOES THE STUDENT LIVE WITH?

RELATIONSHIP

DOES THE STUDENT RECEIVE YOUTH ALLOWANCE, AUSTUDY OR ABSTUDY?

 YES  NO

HAVE YOU CLAIMED ANY TRAVEL SUBSIDIES (I.E. AIR/BUS/TRAIN TRIPS) FOR THIS STUDENT IN PREVIOUS YEARS?

 YES  NO

PLEASE PROVIDE DETAILS OF ONE OF THE FOLLOWING FOR THE STUDENT: BIRTH CERTIFICATE, IMMICARD, CERTIFICATE OF CITIZENSHIP BY DESCENT OR WA DRIVER'S LICENCE.

## STUDENT THREE DETAILS

GIVEN NAME/S

FAMILY NAME

DATE OF BIRTH

 /  / 

EDUCATIONAL INSTITUTION ATTENDED

GRADE/LEVEL

IS THE STUDENT BOARDING AT THE INSTITUTION?

 YES  NO

IF NO, WHERE DOES THE STUDENT LIVE DURING TERM/SEMESTER?

WHO DOES THE STUDENT LIVE WITH?

RELATIONSHIP

DOES THE STUDENT RECEIVE YOUTH ALLOWANCE, AUSTUDY OR ABSTUDY?

 YES  NO

HAVE YOU CLAIMED ANY TRAVEL SUBSIDIES (I.E. AIR/BUS/TRAIN TRIPS) FOR THIS STUDENT IN PREVIOUS YEARS?

 YES  NO

PLEASE PROVIDE DETAILS OF ONE OF THE FOLLOWING FOR THE STUDENT: BIRTH CERTIFICATE, IMMICARD, CERTIFICATE OF CITIZENSHIP BY DESCENT OR WA DRIVER'S LICENCE.

## STUDENT TWO DETAILS

GIVEN NAME/S

FAMILY NAME

DATE OF BIRTH

 /  / 

EDUCATIONAL INSTITUTION ATTENDED

GRADE/LEVEL

IS THE STUDENT BOARDING AT THE INSTITUTION?

 YES  NO

IF NO, WHERE DOES THE STUDENT LIVE DURING TERM/SEMESTER?

WHO DOES THE STUDENT LIVE WITH?

RELATIONSHIP

DOES THE STUDENT RECEIVE YOUTH ALLOWANCE, AUSTUDY OR ABSTUDY?

 YES  NO

HAVE YOU CLAIMED ANY TRAVEL SUBSIDIES (I.E. AIR/BUS/TRAIN TRIPS) FOR THIS STUDENT IN PREVIOUS YEARS?

 YES  NO

PLEASE PROVIDE DETAILS OF ONE OF THE FOLLOWING FOR THE STUDENT: BIRTH CERTIFICATE, IMMICARD, CERTIFICATE OF CITIZENSHIP BY DESCENT OR WA DRIVER'S LICENCE.

## APPLICANT DECLARATION

I confirm that I am authorised to provide the personal details presented above and I consent to the information being checked with the document issuer or official record holder via third party systems for the purpose of confirming the veracity of the information

APPLICANT (PARENT ONE) SIGNATURE

DATE

 /  / 

## SUBMISSION

Please email this form (and copies of any required documents) to Travel Subsidies at [travelsubsidies@transport.wa.gov.au](mailto:travelsubsidies@transport.wa.gov.au).