



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

PARENT/GUARDIAN ONE DETAILS	PARENT/GUARDIAN ONE DETAILS CONT.					
Parent 1: The person who has primary responsibility for the day-to-day care, welfare and development of the child/chyildren and is the primary contact.	AUSTRALIAN CITIZENSHIP CERTIFICATE STOCK NUMBER ACQUISITION DATE					
GIVEN NAME/S	STOCK NOMBER					
	EVIDENCE NUMBER					
FAMILY NAME						
	CERTIFICATE OF CITIZENSHIP BY DESCENT					
DATE OF BIRTH	DATE OF BIRTH ACQUISITION DATE					
RELATIONSHIP TO STUDENT(S)	CLIENT ID					
DESIDENTIAL ADDRESS						
RESIDENTIAL ADDRESS	IMMICARD ACQUISITION DATE					
	CARD NUMBER					
SUBURB						
STATE W A POST CODE	If you have not provided the details of your WA driver's licence above, please					
POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL)	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) 					
SUBURB	electoral enrolment.					
STATE POST CODE	PARENT/GUARDIAN TWO DETAILS					
PHONE NUMBER MOBILE NUMBER	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.					
EMAIL ADDRESS	GIVEN NAME/S					
	FAMILY NAME					
ARE YOU AN AUSTRALIAN CITIZEN?						
YES NO	DATE OF BIRTH					
IF NO, ARE YOU A PERMANENT RESIDENT OF AUSTRALIA?						
YES NO	RELATIONSHIP TO STUDENT(S)					
PLEASE PROVIDE DETAILS OF TWO OF THE FOLLOWING DOCUMENTS IN YOUR NAME:						
WA DRIVER'S LICENCE NUMBER	RESIDENTIAL ADDRESS (OR SAME AS PARENT ONE)					
AUSTRALIAN PASSPORT EXPIRY DATE						
	SUBURB					
MEDICARE CARD IRN	STATE W A POST CODE					
	POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL)					
EXPIRY DATE CARD COLOUR						
BIRTH CERTIFICATE	SUBURB					
STATE/TERRITORY DATE/YEAR OF REGISTRATION	STATE POST CODE					
CERTIFICATE NUMBER	PHONE NUMBER MOBILE NUMBER					
SERVIN IONIE HOMBER	WODILE NOWDER					
REGISTRATION NUMBER	EMAIL ADDRESS					

STUDENT ONE DETAILS

GIVEN NAME/S	
FAMILY NAME	
DATE OF DIDTI	
DATE OF BIRTH	1
EDUCATIONAL	'
IS THE STUDEN	NT BOARDING AT THE INSTITUTION?
YES	NO
IF NO, WHERE	DOES THE STUDENT LIVE DURING TERM/SEMESTER?
WHO DOES TH	E STUDENT LIVE WITH? RELATIONSHIP
WIIO DOES III	E STODENT LIVE WITT: RELATIONSHIP
DOES THE STU	DENT RECEIVE YOUTH ALLOWANCE, AUSTUDY OR
ABSTUDY?	NO
	IMED ANY TRAVEL SUBSIDIES (I.E. AIR/BUS/TRAIN
	IS STUDENT IN PREVIOUS YEARS?
YES	NO
	DE DETAILS OF ONE OF THE FOLLOWING FOR BIRTH CERTIFICATE, IMMICARD, CERTIFICATE OF
CITIZENSHIP BY	/ DESCENT OR WA DRIVER'S LICENCE.
	STUDENT TWO DETAILS
GIVEN NAME/S	
GIVEN NAME/S FAMILY NAME	
FAMILY NAME	
FAMILY NAME DATE OF BIRTH	
FAMILY NAME DATE OF BIRTH	
FAMILY NAME DATE OF BIRTH EDUCATIONAL	INSTITUTION ATTENDED GRADE/LEVEL OUT BOARDING AT THE INSTITUTION?
FAMILY NAME DATE OF BIRTH EDUCATIONAL IS THE STUDEN YES	INSTITUTION ATTENDED GRADE/LEVEL NT BOARDING AT THE INSTITUTION? NO
FAMILY NAME DATE OF BIRTH EDUCATIONAL IS THE STUDEN YES	INSTITUTION ATTENDED GRADE/LEVEL OUT BOARDING AT THE INSTITUTION?
FAMILY NAME DATE OF BIRTH EDUCATIONAL IS THE STUDEN YES IF NO, WHERE	INSTITUTION ATTENDED GRADE/LEVEL NT BOARDING AT THE INSTITUTION? NO
FAMILY NAME DATE OF BIRTH EDUCATIONAL IS THE STUDEN YES IF NO, WHERE	INSTITUTION ATTENDED GRADE/LEVEL NT BOARDING AT THE INSTITUTION? NO DOES THE STUDENT LIVE DURING TERM/SEMESTER?
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STUDENT THREE DETAILS

FAMILY NAME DATE OF BIRTH DATE OF BIRTH SEDUCATIONAL 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.	GIVEN NAME/S							
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THE STUDENT: BIRTH CERTIFICATE, IMMICARD, CERTIFICATE OF	YES NO							

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

DAT	E					
		/		/		

SUBMISSION

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