**Change of information for Specialised School Transport Assistance (SESTA)**

This application should only be completed if a student has already been granted SESTA.

When should this form be completed?

This form needs to be completed as early as possible for:

* A change in satellite attended; and/or
* A change in timetable; and/or
* A change in respite address.

This form is for one student only. Please fill out additional forms for each student requiring SESTA.

**When should this form not be completed?**

* Change in bank account details – these can be sent directly to school.transport@education.govt.nz
* Change to residential address – this requires a new SESTA application to be completed
* Change to school – this requires a new SESTA application to be completed.

**Which sections do I need to fill out?**

This form has the following sections:

* Section A – to be completed by the caregiver; and
* Section B – to be completed by the school.

**Applications cannot be considered until each section of the application has been fully completed.**

**Privacy**

The personal information on this form is being collected for the purposes of considering and providing SESTA as well as for reporting and evaluation purposes. The information collected by the Ministry may be used or disclosed by the Ministry only for these purposes, and will be shared with the Ministry’s contracted Transport Service Provider only as required.

The information will be used and held by the Ministry under the Privacy Act 2020 (and, where applicable, the Health Information Privacy Code 2020), and you have the right to see the information and ask us to correct it.

|  |
| --- |
| Section A: to be completed by the Caregiver |

|  |  |
| --- | --- |
| Please provide the reason for the application  | 🞏 A change of respite address 🞏 A change of satellite 🞏 A change in timetable  |

**Student Details**

|  |  |
| --- | --- |
| Given name(s) |  |
| Family name |  |
| Date of birth and year of student | DOB: Enrolled school year level: |
| Gender | 🞏 male 🞏 female 🞏 gender diverse |
| Enrolling school and school address |  |
| School or satellite unit to be attended (S1) |  |
| Second school or satellite unit to be attended (S2) |  |
| Home address (R1)  | (Post code) |
| Second address or respite address (R2) |  (Post code) |
| Third address or respite address (R3) | (Post code) |

**Caregiver Details** *(Add details for both caregivers if relevant)*

|  |  |
| --- | --- |
| Title | 🞏 Mr 🞏 Mrs 🞏 Ms 🞏 Miss 🞏 Dr 🞏 Other: |
| Given name |  |
| Family name  |  |
| Postal address (please provide postcode) |  (Post code) |
| Contact phone numbers (please provide area code) | Mobile ( ) Home ( )Work ( ) |
| Email |  |

**Emergency contact** *(Must be different to caregiver)*

|  |  |
| --- | --- |
| Name of contact person |  |
| Relationship to student |  |
| Contact phone number |  Mobile ( ) Work ( )  | Home ( ) |

**Caregiver’s Declaration**

🞏 I have read and understood the criteria/these conditions on page 1

🞏 I agree that any second address or respite is a person or organisation acting in my place as caregiver

 *Caregiver name* (please print) *Caregiver Signature and date*

Please send completed form to enrolling school for completion of Section B

|  |
| --- |
| Section B: to be completed by the School |

|  |  |
| --- | --- |
| Name and address of school/satellite to which specialised school transport assistance is requested |  |
| Is this school/satellite the closest age/gender appropriate school to the student’s main residence? | 🞏 yes 🞏 noExplanation: |

**Weekly Itinerary** Travel is generally to and from school but may include routine travel to different home addresses, respite or after-school care. Travel to respite care can only be provided in situations within Ministry guidelines. Please enter residences, schools and special facilities by the code assigned to them in Section A of this form, e.g. residences as R1, R2; schools as S1, S2. Please also enter departure and arrival locations and estimated arrival/pick up times on applicable days in the table below

Example of Weekly Itinerary:

|  |  |  |  |
| --- | --- | --- | --- |
| **Trip** | **From** | **To** | **School arrival/departure time**  |
| Monday am | R2 | S1 | 9.15 am |
| Monday pm | S1 | R1 | 3.30 pm |

In this example, the student was picked up from their respite address (R2) by taxi/van/bus to arrive at their main school (S1) at 9.15am. They were picked up from the school at 3.30 pm by vehicle, and returned to their main residence (R1).

|  |  |  |  |
| --- | --- | --- | --- |
| **Trip** | **From** | **To** | **Approximate School arrival /departure time** |
|  |  |  | **CA Required** | **Vehicle Required** |
| Monday | am |  |  |  |  |  |
| pm |  |  |  |  |  |
| Tuesday  | am |  |  |  |  |  |
| pm |  |  |  |  |  |
| Wednesday | am |  |  |  |  |  |
| pm |  |  |  |  |  |
| Thursday | am |  |  |  |  |  |
| pm |  |  |  |  |  |
| Friday  | am |  |  |  |  |  |
| pm |  |  |  |  |  |

|  |  |
| --- | --- |
| Date the change is required to take effect *(please note that arranging changes to existing services may take several weeks)* |  DD MM YY |

**School Declaration**

I declare that:

1. I understand Ministry criteria shown at: [https://www.education.govt.nz/sesta/](https://www.education.govt.nz/school/running-a-school/school-transport/sesta/%20)
2. this student meets Ministry of Education safety and mobility criteria; and
3. the information entered on this form is true and correct.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature: |  | Name: |  | Date: |  |
| *Principal (or other authorised person)*  | *please print* |  |
|   |  |  |
| Telephone: |  | Email: |  |

#### Once Sections A and B have been completed, please send this form to school.transport@education.govt.nz