

Please note: An NT Government Student Assistance Application MUST be submitted, prior to a claim being accepted. The application form is available on the Department Website at www.education.nt.gov.au/grants/funding/general/sas. If you cannot download an application form, please contact the Finance Student Assistance Officer as noted below.

Financial Services - Student Assistance - GPO Box 4821, DARWIN NT 0801

Tel: (08) 8901 4965

Free call: 1800 019 157

Email: studentassistance.det@nt.gov.au

20___ NT REMOTE AREA TRAVEL

Student Names:

Name of claimant (1)	Name of claimant (2)
Home address	Postal address
State	Postcode
State	Postcode
Email address	
Home ph	Work ph
	Mobile

DETAILS OF STUDENTS TRAVEL BY BUS, RAIL OR AIR TO THE POINT OF PICK UP

Attach all ticket receipts and boarding passes.

COST

Date.....	From.....	To.....	\$
Date.....	From.....	To.....	\$
Date.....	From.....	To.....	\$
Date.....	From.....	To.....	\$

Total of Tickets

\$

PRIVATE VEHICLE DETAILS

Vehicle Type.....Registration No.....

DETAILS OF TRAVEL BY PRIVATE VEHICLE

Example given:

From: - The students Principal Place of Residence. **To:** - The nearest centre from which interstate transport is available.

Then parents return trip is:

From: - The nearest centre from which interstate transport is available. **To:-** The students Principal Place of Residence.

Date.....	From.....	To.....	kms (each way).....
Date.....	From.....	To.....	kms (each way).....
Date.....	From.....	To.....	kms (each way).....
Date.....	From.....	To.....	kms (each way).....
Date.....	From.....	To.....	kms (each way).....
Date.....	From.....	To.....	kms (each way).....
Date.....	From.....	To.....	kms (each way).....
Date.....	From.....	To.....	kms (each way).....

I certify that the student was boarding at the time travel was undertaken and that the details listed on this form are a true record of distance travelled in respect of my claim for the NT Remote Area Travel Scheme, that all journeys claimed **were undertaken by private vehicle**, to convey the students from their principal place of residence to the centre where the boarding institution is located.

Signature of claimant (1) Date

Signature of claimant (2) Date

CERTIFICATION BY SCHOOL PRINCIPAL / REGISTRAR

The above student/s is/are enrolled at.....School and attended /s regularly.

Signature of Principal / Registrar.....Date.....

**STAMP OF
SCHOOL /
INSTITUTION**