



You can also file the application and related documentation online: [www.kela.fi/english](http://www.kela.fi/english).



Send the application and any supporting documents by mail. The address is Kela, PL 10, 00056 KELA.

- i** You can apply for school transport subsidy for one academic year at a time. If your journey to school changes or if you wish to cancel your school transport subsidy, please report this on form KM 4e (Notification of changes - School transport subsidy).

**Application period:** School transport subsidy cannot be awarded any earlier than the beginning of the month preceding the receipt of your application.

### 1. Applicant

Personal identity code Family name and given name

Current address or new address if you will be moving

Postal code

Postal district

Telephone

E-mail

If you are under 18 years of age and unmarried, your benefit decision will be notified to your guardian. Indicate to whom the decision should be notified. Please select one:

- ☐ To my parent. Name of the parent: \_\_\_\_\_
- ☐ To another legal guardian. Name of other legal guardian: \_\_\_\_\_
- ☐ I do not want my legal guardian to be notified of the decision.

### 2. Bank account number

### 3. Studies

Educational institution, campus and address of the campus

Which degree programme or line of study are you pursuing?

Do you have a place in the school dormitory? ☐ Yes ☐ No

### 4. Other benefits

Do you receive any other financial support for your travels to school, for instance expenses compensation in connection with an unemployment benefit or transport subsidy under the Act on Services for Persons with Disabilities?

☐ No ☐ Yes. Please specify: \_\_\_\_\_

## 5. Time period that the application concerns and number of travel days

- i** Indicate the number of travel days for the months for which you apply for school transport subsidy. Count the number of days with travels to school, not the number of one-way trips. When you count the days with travel to school, keep in mind the start and end dates of the academic year, holidays and other absences. For instance in December there may be fewer days with travel to school due to the holidays.

If the information you have reported changes, report the changes on form KM 4e.

I wish to apply for school transport subsidy for the period \_\_\_\_\_ – \_\_\_\_\_.

I have days of travel to school as follows:

August	<input type="checkbox"/> 0–9 days	<input type="checkbox"/> 10–14 days	<input type="checkbox"/> 15 days or more
September	<input type="checkbox"/> 0–9 days	<input type="checkbox"/> 10–14 days	<input type="checkbox"/> 15 days or more
October	<input type="checkbox"/> 0–9 days	<input type="checkbox"/> 10–14 days	<input type="checkbox"/> 15 days or more
November	<input type="checkbox"/> 0–9 days	<input type="checkbox"/> 10–14 days	<input type="checkbox"/> 15 days or more
December	<input type="checkbox"/> 0–9 days	<input type="checkbox"/> 10–14 days	<input type="checkbox"/> 15 days or more
January	<input type="checkbox"/> 0–9 days	<input type="checkbox"/> 10–14 days	<input type="checkbox"/> 15 days or more
February	<input type="checkbox"/> 0–9 days	<input type="checkbox"/> 10–14 days	<input type="checkbox"/> 15 days or more
March	<input type="checkbox"/> 0–9 days	<input type="checkbox"/> 10–14 days	<input type="checkbox"/> 15 days or more
April	<input type="checkbox"/> 0–9 days	<input type="checkbox"/> 10–14 days	<input type="checkbox"/> 15 days or more
May	<input type="checkbox"/> 0–9 days	<input type="checkbox"/> 10–14 days	<input type="checkbox"/> 15 days or more
June	<input type="checkbox"/> 0–9 days	<input type="checkbox"/> 10–14 days	<input type="checkbox"/> 15 days or more
July	<input type="checkbox"/> 0–9 days	<input type="checkbox"/> 10–14 days	<input type="checkbox"/> 15 days or more

## 6. Journey to school

- i** State all parts of the journey (from where-where to and mode of transport). State the address for the starting point and for the destination for each part of the journey, i.e. street address, postal code and postal district (for instance Opintie 1 A 10, 00001 Helsinki – Koulutie 10, 00001 Helsinki).

If you travel to school from two home addresses or if you participate in instruction at different addresses, state all parts of the journey also for these travels. Also state the number of days with travel to school from different addresses.

Route on outward journey:	Mode of transport	Journey in km	Ticket price € per month
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State which type of ticket you buy, if you travel by bus on the outward journey.

☐ Matkahuolto ☐ Waltti, HSL, Nysse, Föli ☐ Other

Do you use dedicated school transport arranged by the educational institution or the municipality?

☐ Yes ☐ No

### Route on return journey:

- i** Only state the return journey if it is not the same as the outward journey.

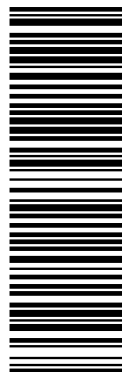
State which type of ticket you buy, if you travel by bus on the return journey.

☐ Matkahuolto ☐ Waltti, HSL, Nysse, Föli ☐ Other

Do you use dedicated school transport arranged by the educational institution or the municipality?

☐ Yes ☐ No

☐ My journey to school changes every day or every week. Report all days of travel to school and all parts of the journey.



☐ I have bought a ticket before filing the application.

Ticket price € \_\_\_\_\_

The ticket is for ☐ half a month ☐ one month.

## 7. Own transport

**i** Complete this section if you cannot use public transport or dedicated school transport for your journey to school. Indicate the reason why you are applying for school transport subsidy for own transport.

☐ There is no public transport or dedicated school transport available for my journey to school.

☐ My journey to school includes a part of the journey of more than 5 kilometres for which public transport or dedicated school transport is not available.

☐ When using public transport, my journey to school, including waiting times, takes more than 3 hours per day. Specify the length of the waiting times and journey times per day.

☐ My journey to school or my mode of transport changes several times per month. Specify how your journey to school or mode of transport changes.

☐ I have some other reason, for instance reasons related to health or to child care arrangements. Explain how this reason affects your use of public transport.

## 8. Additional information

**i** Write the number of the section you are referring to.

## 9. Signature

**I declare that the information I have given is true and accurate. I will notify any changes.**

Place and date

Signature

Date the application was received by the educational institution: \_\_\_\_\_.

Information obtained for the purpose of deciding the present matter may be used for other benefit-related matters, if so required under law. Any information obtained within the context of another benefit may also be used to decide the present matter.

Please contact us for more information about which outside sources we may access to obtain additional information about your circumstances and to whom we may provide such information.