

OFFICE OF PUPIL TRANSPORTATION MATTHEW BERLIN Executive Director

44-36 Vernon Boulevard, Long Island City, NY 11101

REQUEST FOR SERVICE	
School name:	
School location Street address:	Mailing address: Street address:
City: Borough:	City: Borough:
State: Zip code:	State: Zip code:
School telephone:	School fax:
Principal's name: Title: First name:	Last name:
E-mail address:	School website:
School type: 1. □ Public school 2. □ Parochial/Catholic school 3. □ Jewish school 4. □ Christian/other than Catholic school 5. □ Other religious school 6. □ Nonsectarian school 8. □ Charter school	
Does this school currently receive any services from the Office of Pupil Transportation? ☐ Yes ☐ No	
Please identify the purpose of this request: □ Initiate services (check all that apply):	Please identity the reason(s) for this request (check all that apply):
 □ Computer access for Title I and and related programs □ MetroCards □ Yellow bus service 	 ☐ This is a new school ☐ The school is adding grades ☐ School is overcrowded/population has grown ☐ Requesting a session time change ☐ School moving to a new location
☐ Add the following services (check all that apply): ☐ MetroCards ☐ Yellow bus service	Prior address:
☐ Continue current services at a different location	
Is your school/will your school be located in an NYC-DOE school building? No Yes If yes, what is the name and address of that school?	
ls your school an annex of another school? □ No □ Yes	
If yes, what is the name and address of that school?	
What is/will the grade range be? What is/will the estimated total enrollment be?	
From: To: General Education Pupils: Special Education Pupils: Special Education Pupils:	
Is the Special Education program, if any: □ Regional or □ Citywide (D-75)? Program length: □ 10 or □ 12 Month	
Is your school accessible for the handicapped or disabled (wheelchair access, restrooms, etc.)?	
Non-public schools requesting any services from OPT must provide copies of the school building's Certificate of Occupancy and provide their NYS Education Department "BEDS" number. Certificate of Occupancy attached □ Yes □ No Curriculum Certification/BEDS #	

NYC Department of Education Office of Pupil Transportation

REQUEST FOR SERVICE

School Session Times General Education Pupils Wednesday **Thursday** Days Monday Tuesday **Friday** Saturday Sunday Regular Day Start End **Days** Monday Tuesday Wednesday **Thursday Friday** Saturday Sunday **Extended** Start Day End Special Education Pupils **Days Monday** Tuesday Wednesday **Thursday Friday** Saturday Sunday Regular Start Day End Wednesday **Thursday** Tuesday Sunday **Days** Monday **Friday** Saturday **Extended** Start Day End School transportation coordinators Category Title E-mail address First name Last name Telephone General Ed Special Ed MetroCards Principal's signature District: **OPT Code: ATS Code: OPT Approval:**