



## OFFICE OF PUPIL TRANSPORTATION

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

Telephone: (718) 392-8855

### Instructions for Completion of Temporary Housing Transportation Requests

Please read carefully and follow all instructions – incomplete or illegible requests or those missing required documentation cannot be processed and will be returned.

### Instructions for parents or guardians for completion of Temporary Housing Transportation Requests

At each of the numbered locations in Section 1 (Pupil Information) on the form please clearly type or print the following (all information is required):

- 1.1a Pupil's last name (surname or family name)
- 1.1b Pupil's first name (given name)
- 1.1c Pupil's middle initial, if any
- 1.2 Pupil's date of birth in MM-DD-YY format
- 1.3 Check box to indicate the pupil's gender (1.3a for Male, 1.3b for Female)
- 1.4 Pupil's student identification number (OSIS number – contact the child's school if unknown)
- 1.5 Pupil's grade (grade number from K to 12 or NG for "non-graded")
- 1.6 Check box to indicate the pupil's classification (1.6a for General Ed, 1.6b for Special Ed)
- 1.7 Is transportation now provided by OPT? (1.7a for No, 1.7b for Yes)
- 1.8 If yes, what transportation is provided? (1.8a for GE bus, 1.8b for SE bus, 1.8c for MetroCard, 1.8d for Half-fare MetroCard)
- 1.7c Apartment number, if any
- 1.8 Borough of pupil's home address (1.8a for Brooklyn, 1.8b for Bronx, 1.8c for Manhattan, 1.8d for Queens, 1.8e for Staten Island)
- 1.9 City of pupil's home address
- 1.10 Zip code of pupil's home address ["Zip + four" if known]

At each of the following locations in Section 2 (Parent/Guardian Information) on the form please clearly type or print the following:

- 2.11 Parent or guardian's last name (surname or family name)
- 2.12 Parent or guardian's first name (given name)
- 2.13 Parent or guardian's middle initial, if any
- 2.2 Indicate parent or guardian's title by checking box 2.21 for Mr., 2.22 for Mrs., 2.23 for Ms, or 2.24 for "other." Use the space following "other" to indicate this title.
- 2.3 Enter the parent or guardian's primary telephone number
- 2.4 Enter an extension associated with the primary telephone number, if any

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- 2.5 Enter the parent or guardian's alternate telephone number, if any
- 2.6 Enter an extension associated with the alternate telephone number, if any
- 2.7 Enter the parent or guardian's e-mail address, if any
- 2.8 The parent or guardian must sign the form in the space provided.
- 2.9 Date the form in the space provided.

After you have completed Sections 1 and 2 of the Temporary Housing Transportation Request, ask the shelter administrator or their representative to complete the information called for in Section 3, Shelter/Facility Information. Once that has been completed, bring the form to your child's school so that the school can complete page 2. When both pages have been completed, the request should be emailed or mailed to the Office of Pupil Transportation at the address shown on the form. Do not fax exception request forms to OPT.

### Instructions for schools for completion of Temporary Housing Transportation Requests

Please carefully review the information provided by parents on page 1 of the request and assist them, if necessary, in identifying the student's grade, identification (OSIS) number, and GE or SE classification. Forms that do not provide complete student identification information cannot be processed and will be returned.

Please clearly type or print ALL of the information required in Section 4 (p. 2, School Related Information) of the request form. Illegible, incomplete or unsigned forms cannot be processed and will be returned to the pupil's parent or guardian. Please be particularly attentive to the following:

- Clearly PRINT the name, primary telephone number with any required extension and e-mail address of the school's transportation coordinator or pupil accounting secretary and the name, primary telephone number with any required extension and e-mail address of the school's principal.
- The request form must be signed by the school principal or the principal's designee and, together with any additional documentation, should be returned to the Office of Pupil Transportation at the address shown on the form by email or "regular" US mail. Certified, express or overnight delivery is not required. DO NOT FAX forms to OPT.

Thank you for your cooperation.

**OFFICE OF PUPIL TRANSPORTATION**44-36 Vernon Boulevard  
Long Island City, NY 11101  
Telephone: 718-392-8855**Temporary Housing  
Transportation Request  
2019 - 2020****PRINT CLEARLY IN DARK INK — ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED****1. PUPIL INFORMATION**

1.1 Pupil Name			1.2 Date of birth (MM-DD-YY)			
1.1a Last name	1.1b First name	1.1c MI				
1.3 Gender		1.4 Identification Number		1.5 Grade	1.6 Classification	
1.3a <input type="checkbox"/> Male	1.3b <input type="checkbox"/> Female				1.6a <input type="checkbox"/> General Ed	1.6b <input type="checkbox"/> Special Ed
1.7 Is transportation now provided by OPT?			1.8 If yes, what transportation is provided?			
1.7a <input type="checkbox"/> No	1.7b <input type="checkbox"/> Yes	1.8a <input type="checkbox"/> GE bus	1.8b <input type="checkbox"/> SE bus	1.8c <input type="checkbox"/> MetroCard	1.8d <input type="checkbox"/> Half-fare MetroCard	

**2. PARENT / GUARDIAN INFORMATION**

2.1 Name of parent or guardian			2.2 Title		
2.11 Last name	2.12 First name	2.13 MI	2.21 <input type="checkbox"/> Mr. 2.22 <input type="checkbox"/> Mrs. 2.23 <input type="checkbox"/> Ms. 2.24 <input type="checkbox"/> Other:		
2.8 Primary telephone number		1.9 Extension	2.10 Alternate telephone number		2.11 Extension
2.12 E-mail address of parent or guardian					
2.13 Signature of parent or guardian				2.14 Date	

**3. SHELTER / FACILITY INFORMATION**

Shelter / facility name			
Address		Unit or Apt Number	Borough
City	State NY	Zip Code	
Shelter is provided in response to: <input type="checkbox"/> Need for temporary housing <input type="checkbox"/> Protection required due to domestic violence			
Stop location should be designated as: <input type="checkbox"/> Intersection of: _____ or <input type="checkbox"/> Shelter street address			
Primary telephone number:		Alternate telephone number:	
Name of shelter administrator or designee		Signature	
E-mail address of shelter administrator or designee			Date

**SEE PAGE TWO FOR REQUIRED SCHOOL INFORMATION**



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Temporary Housing Transportation Request 2019 - 2020

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4. SCHOOL-RELATED INFORMATION
Pupil Name (Last name, First name, MI)
School name, Address (Street number, Street name, Borough, City, State NY, Zip Code), Transportation coordinator's name and e-mail address, Telephone numbers, Principal's name and e-mail address, Transportation options (OPT, GE bus, SE bus, MetroCard), Session time, and Signature of principal or designee.

Please email the completed request form, including the DOE Housing Questionnaire,\* to: OPTTemporaryHousingTransportationRequests@schools.nyc.gov

Or mail to: Office of Pupil Transportation, Exception Review Unit, 44-36 Vernon Boulevard, 6th Floor, Long Island City, NY 11101

\*The DOE Housing Questionnaire (available here) is a required part of this application. Please bring the information on the Housing Questionnaire to the attention of your child's school and return a copy with this application.

For assistance, contact the Office for Students in Temporary Housing at 212-374-0860 or

OPT Customer Service at 718-392-8855