



**OFFICE OF PUPIL TRANSPORTATION**  
**ALEXANDRA ROBINSON** *Executive Director*  
44-36 Vernon Boulevard, Long Island City, NY 11101  
Telephone: (718) 392-8855

## **Instructions for Completion of Multi-Purpose Variance Requests**

The Department of Education provides transportation to General Education pupils who meet certain grade and distance requirements. Information on these requirements can be found at the following location:

<http://schools.nyc.gov/Offices/Transportation/ParentResources/GeneralEducationEligibility/default.htm>.

These requirements document the following:

1. Transportation is provided only to eligible pupils
2. Only K through 6<sup>th</sup> grade pupils are entitled to yellow bus
3. Public transportation is equivalent to yellow bus as a form of transportation

Given this, requests for exceptions to the grade and distance requirements that apply to all general education pupils will only be approved when a clear and convincing reason is presented for the exception.

Parents or guardians may use the "Multi-Purpose Variance Form" to apply for an exception to OPT's normal rules for pupil transportation for the reasons shown below:

- Hazardous conditions along the route to school or to a public bus stop or subway station
- Emergency circumstances such as crime victimization, joint custody, or temporary homelessness
- Disagreement with the DOE's measurement of distance from home to school

The instructions below describe how each section of the Multi-Purpose Variance Form is to be completed in each situation shown above and, if carefully followed, should permit a prompt and accurate assessment of the need for transportation. The instructions provided for parents and guardians are detailed both to attempt to minimize the need to request additional information, which will only delay the process, and to facilitate translation of the information into multiple languages. The instructions for schools are more limited and will not be available in translation. The forms themselves must be completed using the English language.

**Illegible, incomplete or unsigned forms cannot be processed and will be returned to the pupil's parent or guardian.** When complete information is provided, a decision on a variance request can usually be provided within fifteen (15) days. In exceptional cases or during particularly busy times of the year a decision may take up to thirty (30) days.

In order to maintain the legibility of these forms, we ask that you return the forms **BY MAIL**. Please **do not** send copies by fax.

### **Instructions for parents or guardians for completion of the Multi-Purpose Variance**

At each of the following numbered locations in **Section 1** on the form please **clearly** type or print the following:

- 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

## Instructions for completion of Multi-Purpose Variance requests

### Instructions for parents, con't.

- 1.3 Check ✓ to indicate the pupil's **gender** (1.3a for Male, 1.3b for Female)
- 1.4 Pupil's **student identification number** (OSIS number)
- 1.5 Pupil's **grade** (grade number from 1 to 12 or NG for "non-graded")
- 1.6 Check ✓ to indicate the pupil's **classification** (1.6a for General Ed, 1.6b for Special Ed)
- 1.7a **Street number** of pupil's home address
- 1.7b **Street name** of pupil's home address
- 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]
- 1.11 Indicate if **transportation is now provided by OPT** by checking [✓] 1.11a for "yes" or 1.11b for "no".
- 1.12 Indicate what **type of transportation is provided**, if any, by checking [✓] 1.12a for GE bus, 1.12b for SE bus, 1.12c for full-fare MetroCard, or 1.12d for half-fare MetroCard.

At each of the following numbered locations in **Section 2** on the form please **clearly** type or print the following:

- 2.1 Check [✓] here if you believe that there are **hazardous conditions** along the route that the pupil would normally walk to reach school or a public bus stop or subway station, or along the route from a public bus stop or subway station to the pupil's school. Please bear in mind that such safety exceptions are limited to circumstances that result primarily from unsafe traffic, traffic control conditions, dangerous crossings, or areas impassable to pedestrians. Before applying for a variance for this reason, we would recommend that you access the NYC Department of Transportation's School Safety Map Locator website [<http://a841-dotvweb01.nyc.gov/ssml/>] to review the maps available there which display safe routes to various schools. Students are expected to walk along established streets and sidewalks available to regular auto or pedestrian traffic, or satisfactory off-road paths, in order to reach school. Some of the **reasons for which safety variances from policy cannot be given include:**
  - Unsavory persons loitering in the area the child must pass to get to school
  - General concerns about crime in the area
  - Unpaved roads or unpaved sidewalks
  - School sessions that require the child to travel to school or return home in the dark
  - A belief that the pupil is too young to travel to school on public transportation
  - Abandoned buildings lining the street leading to school or a bus or subway stop
  - Parks with through streets or sidewalks that the child must travel

## Instructions for completion of Multi-Purpose Variance requests

### Instructions for parents, con't.

When reviewing these requests, in certain cases OPT may recommend an alternative walking path that avoids the hazardous conditions. In no case will OPT recommend a walking path that requires a child to walk further than his or her normal eligibility distance.

2.2 Check [✓] here if you believe that OPT's measurement of the distance from home to school is incorrect.

2.3 Check [✓] here if you believe that a variance would be appropriate due to an emergency condition or due to other circumstances not discussed above. Some examples of these conditions include:

- That the student has been the victim of a crime that may put them in specific danger traveling to or from school on public transportation
- That a court has issued an order of protection
- That the parents or guardians live in different locations and have joint custody of the student who requires and is eligible for transportation from both locations
- That the family or pupil has been displaced from home due to some emergency and is NOT residing in a shelter

2.4 In the space provided at this location please **clearly** type or print a description of the **specific conditions or circumstances that correspond to the reason(s) checked above**. Please be guided by the following in doing so:

- If you are requesting consideration due to hazardous conditions, both the **nature** and the **specific location** of the hazard should be indicated. For example, if your child would normally walk up to one mile to school, and a certain section of the route lacks sidewalks or a certain intersection lacks traffic control devices such as traffic lights or crosswalks, indicate the problem [for example, "no sidewalks"] and the specific location [from the corner of Main Street to the corner of 6<sup>th</sup> Avenue]. Giving OPT precise information will assist us in doing a site visit to evaluate the hazard and will help in avoiding ambiguity in responding to your specific concerns.
- If you are requesting consideration due to emergency circumstances or joint custody the following documentation **must** be submitted along with your application:
  - For victims of crimes – either an NYPD Incident Report (NYPD-61), or another comparable official crime report showing the name of the victim and the date and location of the crime indicated, or certification from the District Attorney's office regarding participation in a witness protection program, or comparable documentation.
  - For domestic violence victims where a court has issued an Order of Protection – a copy of a current temporary or permanent court order naming the child for whom transportation is being requested as a protected party.
  - For joint custody situations – a copy of the section of the divorce decree or stipulation indicating that the child for whom transportation is requested is in the custody of and resides with both parents.
  - For those in temporary housing situations who are **not** residing in City-funded temporary housing ("doubled-up," etc.) – a copy of the DOE Residency Questionnaire [[http://schools.nyc.gov/NR/ronlyres/9831364D-E542-4763-BC2F-7D424EBD5C83/65942/ResidencyQuestionnairewCodesOFFICIALJuly09\\_English.pdf](http://schools.nyc.gov/NR/ronlyres/9831364D-E542-4763-BC2F-7D424EBD5C83/65942/ResidencyQuestionnairewCodesOFFICIALJuly09_English.pdf)] must be submitted with the variance request.

## Instructions for completion of Multi-Purpose Variance requests

### Instructions for parents, con't.

- For distance disagreements – parents should bear in mind that a pupil's eligibility for transportation changes according to the pupil's grade level. Therefore, a pupil who may have been eligible by distance as a second grader (living between one-half mile and one mile from school) will no longer be eligible when they enter the third grade (when the distance requirement becomes one mile or more). A comparable change in distance eligibility occurs as pupils transition from the sixth to the seventh grade. Parents should also be aware that the Department of Education does **not** rely on commercial software applications such as MapQuest or Google for distance measurements. OPT's distance measurements are based on data provided by the NYC Department of City Planning and are taken as definitive.
- 2.5 Check [✓] here if emergency circumstances are involved and the home address should be kept confidential.

At each of the following numbered locations in **Section 3** on the form please **clearly** type or print the following:

- 3.1a Parent or guardian's **last name** (surname or family name)  
3.1b Parent or guardian's **first name** (given name)  
3.1c Parent or guardian's **middle initial**, if any
- 3.2 Indicate parent or guardian's title by checking [✓] 3.2a for Mr., 3.2b for Mrs., 3.2c for Ms, or 3.2d for "other". Use the space following "other" to indicate this title.
- 3.3 Enter the parent or guardian's **primary telephone number**
- 3.4 Enter an **extension** associated with the primary telephone number, if any
- 3.5 Enter the parent or guardian's **alternate telephone number**, if any
- 3.6 Enter an **extension** associated with the alternate telephone number, if any
- 3.7 Enter the parent or guardian's **e-mail address**, if any
- 3.8 The parent or guardian must **sign** the form in the space provided.
- 3.9 **Date** the form in the space provided.

### Instructions for schools for completion of the Multi-Purpose Variance

Please **clearly** type or print ALL of the information required in Section 4 (page 2) of the variance 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:

- Please provide 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.**

Instructions for completion of Multi-Purpose Variance requests

- The variance request form must be signed by the school principal or the principal's designee and, together with variance form and any additional required documentation , should be returned to:

NYC Department of Education  
Office of Pupil transportation  
Variance Review Unit  
44-36 Vernon Boulevard  
Long Island City, NY 11101-7006

In order to maintain the legibility of these forms, we **strongly recommend** they be returned **BY MAIL**. "Regular" US mail or inter-office mail is adequate. Certified, express or overnight delivery is not required. Copies faxed to 718-482-3886 will be accepted, however illegible copies due to poor fax transmissions will be returned.

Thank you for your cooperation.



**OFFICE OF PUPIL TRANSPORTATION**  
**ALEXANDRA ROBINSON** *Executive Director*  
 44-36 Vernon Boulevard  
 Long Island City, NY 11101  
 Telephone: 718-392-8855

**Multi-Purpose  
 Variance  
 2011 — 2012**

**PRINT CLEARLY IN DARK INK — ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED**

**1. PUPIL INFORMATION**

1.1 Pupil Name 1.1a Last name      1.1b First name      1.1c MI			1.2 Date of birth (MM-DD-YY)		
1.3 Gender 1.3a <input type="checkbox"/> Male 1.3b <input type="checkbox"/> Female	1.4 Identification Number		1.5 Grade	1.6 Classification 1.6a <input type="checkbox"/> General Ed 1.6b <input type="checkbox"/> Special Ed	
1.7 Home address 1.7a Street number      1.7b Street name      1.7c Apt. #			1.8 Borough 1.8a <input type="checkbox"/> BK 1.8b <input type="checkbox"/> BX 1.8c <input type="checkbox"/> M 1.8d <input type="checkbox"/> Q 1.8e <input type="checkbox"/> SI		
1.9 City		State NY	1.10 Zip Code		
1.11 Is transportation now provided by OPT? 1.11a <input type="checkbox"/> No 1.11b <input type="checkbox"/> Yes		1.12 If yes, what transportation is provided? 1.12a <input type="checkbox"/> GE bus 1.12b <input type="checkbox"/> SE bus 1.12c <input type="checkbox"/> Full-fare MetroCard 1.12d <input type="checkbox"/> Half-fare MetroCard			

**2. REASON FOR VARIANCE REQUEST [read directions carefully before completing this section]**

2.1 <input type="checkbox"/> Hazardous conditions along the route to school, bus, or subway station.	2.3 <input type="checkbox"/> Emergency circumstances or parents having joint custody.
2.2 <input type="checkbox"/> Distance disagreement	
2.4 Describe the specific conditions or circumstances that require transportation or a change in transportation:	
2.5 <input type="checkbox"/> If emergency circumstances are involved, should the home address be kept confidential? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**3. PARENT / GUARDIAN INFORMATION**

3.1 Name of parent or guardian 3.1a Last name      3.1b First name      3.1c MI			3.2 Title 3.2a <input type="checkbox"/> Mr. 3.2b <input type="checkbox"/> Mrs. 3.2c <input type="checkbox"/> Ms. 3.2d <input type="checkbox"/> Other		
3.3 Primary telephone number		3.4 Extension	3.5 Alternate telephone number		3.6 Extension
3.7 E-mail address of parent or guardian					
3.8 Signature of parent or guardian				3.9 Date	

**SEE PAGE TWO FOR ADDITIONAL REQUIRED INFORMATION**



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4. SCHOOL-RELATED INFORMATION

		Pupil name:		
		Last name	First name	MI
School name		ATS Code		OPT Code
Address		Borough		
Street number	Street name	<input type="checkbox"/> BK <input type="checkbox"/> BX <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> SI		
City		State NY	Zip Code	
Transportation coordinator's name		Transportation coordinator's e-mail address		
Last name	First name	MI		
Primary telephone number		Fax number		
Extension		Extension		
Principal's name		Principal's e-mail address		
Last name	First name	MI		
Primary telephone number		Alternate telephone number		
Extension		Extension		
Is transportation now provided by OPT?		If yes, what transportation is provided?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> GE bus <input type="checkbox"/> SE bus <input type="checkbox"/> Full-fare MetroCard <input type="checkbox"/> Half-fare MetroCard		
If the pupil now uses a bus, what is the route number?		What is the medical alert code, if any?		
What is the pupil's session time? Regular day:		Extended day:		
What transportation is being requested?		<input type="checkbox"/> GE bus <input type="checkbox"/> SE bus <input type="checkbox"/> Full-fare MetroCard		
Signature of principal or designee		Title	Date	

See "Instructions for Completion of Multi-Purpose Variance Requests" for information on mailing to OPT

For assistance, contact OPT Customer Service at 718-392-8855