



Dennis M. Walcott, Chancellor

## OFFICE OF PUPIL TRANSPORTATION

44-36 Vernon Boulevard 6<sup>th</sup> Floor

Long Island City, N.Y. 11101

(718) 392-8855

## Program Exception Application Instructions

Principals should use the attached application to request Special Program MetroCards (**X-1** cards that are valid only for **two trips** on a bus or subway) for students who are participating in approved programs held **outside of normal school hours** or **at locations other than the student's regular school**. These cards are also available to provide **travel training for special education students** who may have difficulty managing with a regular student MetroCard. These are the **only** authorized uses for these cards. **Special Program MetroCards are not intended to be distributed for occasional use by students who lose their regular card or for field trips.**

The DOE's transportation eligibility rules may be found on the Web site of the Office of Pupil Transportation (OPT) at [.nyc.gov/Offices/Transportation/ServicesandEligibility/BusTransportation](http://nyc.gov/Offices/Transportation/ServicesandEligibility/BusTransportation) and should be reviewed before Special Program cards are requested or distributed to pupils. Special Program MetroCards should be provided **only** to students who meet one or more of the conditions described above.

In order for OPT to process your request the attached application is required. When completing the application please remember to:

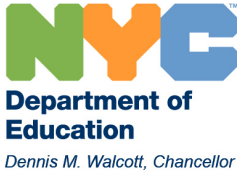
- **Type** or **print clearly** and complete all required information
- Sign the form—principal's signature is required, a stamped signature is **not** acceptable
- Complete only **one** application for each program in the school each school year

Fax the completed application form to (718) 472-5746, Attention: MetroCard Unit, or mail the form to:

Office of Pupil Transportation  
Attention: MetroCard Unit  
44-36 Vernon Boulevard, 6<sup>th</sup> Floor  
Long Island City, NY 11101

A supply of Special Program MetroCards for each approved program at the school will be sent to the attention of the program coordinator identified on the application at regular intervals during the school year. Please be aware that, for programs that are approved for transportation and for which MetroCards are provided, accountability forms **must** be kept on file at the school. School principals are ultimately responsible for the accuracy of these records and for the appropriate distribution of all MetroCards. Sample forms for documenting the distribution of Special Program cards will be provided with each shipment of MetroCards and these records are subject to periodic audit by the Office of Pupil Transportation.

For assistance, contact Kim Jones-Palmer at **(718) 392-8855** Ext. **6252**.



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 Long Island City, N.Y. 11101  
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## Program Exception Application

PLEASE TYPE or CLEARLY PRINT ALL INFORMATION

SCHOOL INFORMATION					
School Name				<b>OPT School Code</b>	
School Address		Borough		Zip Code	
School Phone Number			School Fax Number		
PROGRAM INFORMATION					
Name of Program					
Program Coordinator's Name		Program Coordinator's Phone Number		Program Coordinator's E-mail Address	
Program Description					
Do Students Receive a Stipend?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will Course Credit Be Given?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program Start Date (mm-dd-yy)		Program End Date (mm-dd-yy)		Program Hours	
				From	To
				Number of Days per Week	
Number of Special Education Students Participating			Number of General Education Students Participating		
PRINCIPAL INFORMATION					
You are applying for transportation via a program exception. Documentation regarding the students participating in this program and the MetroCards they receive must be kept on file at the school. Schools are responsible for the accuracy of this information and for the appropriate distribution of MetroCards.					
Principal's Name		Principal's Signature			Date
▶		▶			▶
OFFICE OF PUPIL TRANSPORTATION INFORMATION					
Program Exception Approved <input type="checkbox"/> Yes <input type="checkbox"/> No			If denied, explanation for denial:		
Number of MetroCards to be Provided		Card Type		Daily Requirement	Monthly Requirement
		X-1 GE Daily Cards			
		H-1 GE Full Fare Cards			
		H-3 GE Full Fare Cards			
		H-5 SE Full Fare Cards			
OPT Signature				Date	
▶				▶	

**FAX Completed Application to (718) 472-5746 ATTENTION: METROCARD UNIT**

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