



OFFICE OF PUPIL TRANSPORTATION

Multi-Purpose Variance
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PRINT CLEARLY IN DARK INK — ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

4. SCHOOL-RELATED INFORMATION

School name Scholars' Academy ^{MS/HS} 323		ATS Code 2 7 Q 3 2 3	OPT Code 2 7 4 7 9
Address 320 B. 104th St <small>Street number Street name</small>		Borough <input type="checkbox"/> BK <input type="checkbox"/> BX <input type="checkbox"/> M <input checked="" type="checkbox"/> Q <input type="checkbox"/> SI	
City Queens	State NY	Zip Code 1 1 6 9 4 +	
Transportation coordinator's name Burrafato ^{Boyle} ^M ^{MI} <small>Last name First name MI</small>		Transportation coordinator's e-mail address jburrafato@schools.nyc.gov	
Primary telephone number 7 1 8 - 4 7 4 - 6 9 1 8 - 1 8 7		Fax number 7 1 8 - 9 4 5 - 8 9 5 8	
Principal's name O'Connell ^{Boylan} ^M <small>Last name First name MI</small>		Principal's e-mail address boconnor@schools.nyc.gov	
Primary telephone number 7 1 8 - 4 7 4 - 6 9 1 8 -		Alternate telephone number 	
Is transportation now provided by OPT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		If yes, what transportation is provided? <input checked="" 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: 9:00 AM - 2:50 PM		Extended day:	
What transportation is being requested?		<input checked="" type="checkbox"/> GE bus <input type="checkbox"/> SE bus <input type="checkbox"/> Full-fare MetroCard	
Signature of principal or designee <i>[Signature]</i>		Title Principal	Date 5/28/10

MAIL COMPLETED FORM TO THE ADDRESS SHOWN ON PAGE ONE OR FAX TO 718-482-3886 ATT: VARIANCE UNIT
For assistance, contact OPT Customer Service at 718-482-8655

5. TRANSPORTATION INFORMATION [to be completed by OPT]

<input type="checkbox"/> Assign MetroCard based on grade		<input type="checkbox"/> Refer to GE Routing		<input type="checkbox"/> Refer to SE Routing		Date
GE route available: <input type="checkbox"/> No <input type="checkbox"/> Yes		Router	SE route available: <input type="checkbox"/> No <input type="checkbox"/> Yes		Router	
AM route:	Stop:	Time:	PM route:	Stop:	Time:	
Bus company:			Telephone:		Effective date:	
Parties informed: <input type="checkbox"/> School <input type="checkbox"/> Parent/Guardian			Informed by:		Date:	