



OFFICE OF PUPIL TRANSPORTATION
Alexandra Robinson, M.Ed. CDPT, Executive Director
 44-36 Vernon Boulevard
 Long Island City, NY 11101
 Telephone: (718) 392-8855
 Fax: (718) 482-3702

4:00 PM and After School Bus Transportation Service Request Form

2014—2015 School Year

Note: Please complete an *individual* Service Request Form for *each* separate school location.

School name		ATS Code (if any)	OPT Code (if any)
Address Street number Street name		Borough <input type="checkbox"/> BK <input type="checkbox"/> BX <input type="checkbox"/> MN <input type="checkbox"/> QN <input type="checkbox"/> SI	
City		NY	Zip Code
Transportation coordinator's name Last name First name MI		Transportation coordinator's e-mail address	
Primary telephone number		Alternate telephone number	
Principal's name Last name First name MI		Principal's e-mail address	
Primary telephone number		Alternate telephone number	
Is transportation now provided by OPT? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what transportation is provided now? <input type="checkbox"/> GE busing <input type="checkbox"/> SE busing <input type="checkbox"/> MetroCards	
<input type="checkbox"/> Check here if you are requesting bus service with the same AM & PM stops	<input type="checkbox"/> Check here if you are requesting PM bus stops at 600' from pupils' homes	<input type="checkbox"/> Check here if you are requesting reimbursement for your own GE service	
If the school is requesting reimbursement for its own bus service, please provide: Company name: _____ NYS DOT ID Number: _____			
Please provide an estimate of the number of students expected to use bus service after 4:00 PM:			
Signature of principal or designee		Title	Date

If session times are required in relation to this request, contact your OPT Account Manager.

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

To submit this request, e-mail this form to TransportSchedule@schools.nyc.gov not later than July 1, 2014