

OFFICE OF PUPIL TRANSPORTATION

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SUMMER TRANSPORTATION FOR SPECIAL EDUCATION STUDENTS USING THE OPT-77 FORM

OPT accepts data changes for students mandated to receive specialized transportation during the summer using this form for the following schools and circumstances:

Public Schools (non-D75 programs)

- To request specialized transportation for students for whom data was not entered using SSPR. Schools should register/update the student record using ATSSUM **and** submit this document.
- To request changes for students currently receiving specialized transportation to a summer program.
 - 1. Change Home address
 - 2. Change summer location
 - 3. Change ambulatory status or updates based on approved SESIS changes
 - 4. Delete to cancel summer transportation

Non-Public School and Charter Schools

- To request specialized transportation for the summer for a **newly admitted** special education student
- To request specialized transportation for the summer for a student who will be attending a **different** school for the summer
- To request changes for students currently receiving specialized transportation to a summer program.
 - 1. Change Home address
 - 2. Change summer location
 - 3. Change ambulatory status or updates based on approved SESIS changes
 - 4. Delete to cancel summer transportation

Complete ALL fields legibly and clearly.

All new requests for service or updates to a Medical Alert code will be reviewed and confirmed at OPT using SESIS: The most recent finalized IEP will be checked for mandated transportation and approved accommodations.

APPLICATION FOR SUMMER TRANSPORTATION FOR SPECIAL EDUCATION STUDENTS PLEASE PRINT CLEARLY

STUDENT INFORMATION							
Student ID Number	Date of Birth (mm-dd-)		Gender	Ambul	atory Status	Handicap Code	
			Male Fe	male			
Student Name (Last, First, Middle Initial)							
Special Medical Alerts:							
DADENIT/OLIADDIAN INFORMATION							
PARENT/GUARDIAN INFORMATION Name of Parent/Guardian (First Name, Last Name)							
Primary Phone Number Alternate Phone Number							
Emergency Contact (First Name, Last Name)			gency Conta	cy Contact Phone Number			
ACTION TO BE TAKEN (FOR SUMMER ONLY)							
□ New Admission □ Delete Service □ Change Address for Sum			mer Change Scho		ool Other Change		
Sharige Address for Sammer						Cinci Change	
Summer Transportation Address							
House/Building Number Street Name			Apt. #	Borough			
			Zin Codo	□ BK □ BX □ M □ Q □ SI			
City State NY			Zip Code	1 1 1	+	1 1 1	
School Information					T		
				Borough			
School Street Number /Name	Start: End:			□ BK □ BX □ M □ Q □ SI			
School Street Number /Name	City		State	Zip Code			
						+	
Explain Other Change:							
Authorized Du (Drint Name)							
Authorized By (Print Name)					Title		
Authorized Signature					Date		

Accessibility Report

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