

Academic Class Past 4 PM Transportation Request Form

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

All requests must be submitted by the second Friday of June.

Submit this request, completed, via e-mail to: After4PMService@schools.nyc.gov

PART 1 - SCHOOL INFORMATION

1 School Name		2 ATS Code (if any)	3 OPT Code (if any)	4 Borough	
5 Address		6 City		State	7 Zip Code
				NY	
8 Transportation Coordinator's Name (Last, First, Middle Initial)			9 Transportation Coordinator's E-Mail Address		
10 Transportation Coordinator's Primary Telephone Number			11 Transportation Coordinator's Alternate (if any)		
12 Principal's Name (Last, First, Middle Initial)			13 Principal's E-Mail Address		
14 Principal's Primary Telephone Number			15 Principal's Alternate Telephone Number (if any)		

PART 2 - OPT SERVICES

16a Does your school currently receive services provided by The Office of Pupil Transportation? <input type="checkbox"/> Yes - Proceed to 16b <input type="checkbox"/> No - Skip 16b		16b If yes, what "full fare" service(s) is/are now provided? (Choose all that apply) <input type="checkbox"/> GE Busing <input type="checkbox"/> SE Busing <input type="checkbox"/> MetroCards <input type="checkbox"/> Reimbursement	
17 Please select <u>one</u> of the following: <input type="checkbox"/> My school is requesting OPT bus service with the same AM and PM stops <input type="checkbox"/> My school is requesting OPT PM bus stops at 600' from pupils' homes <input type="checkbox"/> My school is requesting reimbursement for our own GE service <input type="checkbox"/> My school is requesting reimbursement <u>and</u> OPT transportation for Kindergarten <small>This service is available only if the Kindergarten dismissal is before 4:00 PM</small>		18 Estimated number of students expected to use OPT bus service after 4:00 PM <small>Eligibility determination is based on the student's grade and distance.</small>	
		19 Grade range of students using reimbursement busing: <input type="text"/> From <input type="text"/> Through	
		20 If your school is requesting reimbursement for its own bus service please provide: <input type="text"/> Bus Company Name <input type="text"/> Bus Company NYS DOT ID Number	

All service providers must be licensed by NY State and abide by all applicable federal, state, and local laws, rules and regulations.

Session times are required for services provided by the Office of Pupil Transportation (OPT).
 Please contact your OPT Account Manager for assistance.

21 Signature of Principal or Designee	22 Title	23 Date