



Transportation Request Form – Academic Class Past 4PM

- Complete an **individual** Service Request Form for **each** separate school location.
- All requests must be submitted by the **second Friday of June**.
- Session times are required for services provided by the Office of Pupil Transportation (OPT).
- Contact your OPT Account Manager for assistance.
- Submit this request, completed, via e-mail to: After4PMService@schools.nyc.gov.

School Information

School Name: _____

ATS Code (if any): _____ OPT Code (if any): _____ Borough: _____

Address: _____

City: _____ State: _____ Zip: _____

Transportation Coordinator's Information

Last Name: _____ First Name: _____ Middle Initial: _____

E-mail Address: _____ Primary Telephone: _____ Alternate Telephone: _____

Principal's Information

Last Name: _____ First Name: _____ Middle Initial: _____

E-mail Address: _____ Primary Telephone: _____ Alternate Telephone: _____

OPT Services

Does your school currently receive services provided by the Office of Pupil Transportation? Yes: ___ No: ___

If yes, select all of the "full fare" services that are provided:

GE Busing: _____ SE Busing: _____ MetroCards: _____ Reimbursement: _____

Is your school requesting OPT bus service with the same AM and PM stops? Yes: ___ No: ___

Is your school requesting OPT PM bus stops at 600 feet from a student's home? Yes: ___ No: ___

Is your school requesting reimbursement for your own general education service? Yes: ___ No: ___

Is your school requesting reimbursement and OPT transportation for Kindergarten?
(This service is available only if the Kindergarten dismissal is before 4:00PM.) Yes: ___ No: ___

What is the estimated number of students expected to use OPT bus service after 4:00PM?
(Eligibility determination is based on each student's grade and distance.) Students: _____

What is the youngest grade of students using reimbursement busing? _____

What is the oldest grade of students using reimbursement busing? _____

If your school is requesting reimbursement for its own bus service, what is the:

Bus Company Name: _____ Bus Company NYS DOT ID Number: _____

(Service providers must be licensed by NY State and abide by all applicable federal, state, and local laws, rules and regulations.)

Signature of Principal or Designee: _____ Title: _____ Date: _____