



OFFICE OF PUPIL TRANSPORTATION
 44-36 Vernon Boulevard, 6th floor
 Long Island City, NY 11101
 Telephone: 718-392-8855

**Emergency Evaluation
 Request
 2016 — 2017**

Date received:

Control No.

PRINT CLEARLY IN DARK INK — ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED
 Please read and follow directions carefully when completing this form

1. PUPIL INFORMATION - ALL information is required

1.1 Pupil Name			1.2 Date of birth (MM-DD-YY)		
1.1a Last name	1.1b First name	1.1c MI			
1.3 Gender	1.4 Identification Number		1.5 Grade	1.6 Classification	
1.3a <input type="checkbox"/> Male 1.3b <input type="checkbox"/> Female				1.6a <input type="checkbox"/> General Ed 1.6b <input type="checkbox"/> Special Ed	
1.7 Home address			1.8 Borough		
1.7a House/building number	1.7b Street name	1.7c Apt. #	1.8a <input type="checkbox"/> BK	1.8b <input type="checkbox"/> BX	1.8c <input type="checkbox"/> M 1.8d <input type="checkbox"/> Q 1.8e <input type="checkbox"/> SI
1.9 City	State	1.10 Zip Code			
	NY				

2. REASON FOR REQUEST

Documentation MUST be attached for each of the reasons listed below. See instructions.

2.1 <input type="checkbox"/> Pupil was the victim of a crime that occurred on the way to or from school.
2.2 <input type="checkbox"/> Parents have joint custody and the pupil lives part-time with both parents.
2.3 <input type="checkbox"/> Pupil is temporarily homeless and not living in a shelter ("doubled up").
2.4 <input type="checkbox"/> Pupil is identified as a protected party in a current Protective Order.
2.5 <input type="checkbox"/> Pupil is currently in foster care or awaiting foster care placement.
2.6 <input type="checkbox"/> Pupil was in temporary housing, has moved to permanent housing.

3. PARENT / FOSTER PARENT / GUARDIAN INFORMATION

3.1 Parent/Guardian Name			3.2 Title		
3.1a Last name	3.1b First name	3.1c MI	3.2a <input type="checkbox"/> Mr.	3.2b <input type="checkbox"/> Mrs.	3.2c <input type="checkbox"/> Ms. 3.2d <input type="checkbox"/> Other
3.3 Primary telephone number		3.4 Extension	3.5 Alternate telephone number		3.6 Extension
3.7 E-mail address of parent or guardian					
3.8 Signature of parent or guardian				3.9 Date	

SEE PAGE TWO FOR ADDITIONAL REQUIRED INFORMATION



OFFICE OF PUPIL TRANSPORTATION
 44-36 Vernon Boulevard, 6th floor
 Long Island City, NY 11101
 Telephone: 718-392-8855

Emergency Evaluation Request
2016 — 2017
Page 2

Pupil name:

Last name

First name

MI

4. JOINT CUSTODY — provide contact and address information below for the alternate parent location and attach the required portion of the divorce decree or court order regarding custody and a schedule for transportation to and from the two addresses — see instructions for complete information required.

4.1 Parent/Guardian Name			4.2 Title		
4.1a Last name	4.1b First name	4.1c MI	4.2a <input type="checkbox"/> Mr. 4.2b <input type="checkbox"/> Mrs. 4.2c <input type="checkbox"/> Ms. 4.2d <input type="checkbox"/> Other		
4.3 Alternate address			4.4 Borough		
4.3a House/building number	4.3b Street name	4.3c Apt. #	4.4a <input type="checkbox"/> BK 4.4b <input type="checkbox"/> BX 4.4c <input type="checkbox"/> M 4.4d <input type="checkbox"/> Q 4.4e <input type="checkbox"/> SI		
4.5 City		State	4.6 Zip Code		
		NY	+		
4.7 Primary telephone number			4.8 Alternate telephone number		
- -			- -		
Extension			Extension		

5. FOSTER CARE — provide the former home address below and attach a copy of the either the foster care agency placement letter or the Administration of Children’s Services (ACS) placement letter.

5.1 Former address			5.2 Borough		
5.1a House/building number	5.1b Street name	5.1c Apt. #	5.2a <input type="checkbox"/> BK 5.2b <input type="checkbox"/> BX 5.2c <input type="checkbox"/> M 5.2d <input type="checkbox"/> Q 5.2e <input type="checkbox"/> SI		
5.3 City		State	5.4 Zip Code		
		NY	+		

6. PERMANENT HOUSING — provide the former temporary address below and attach a copy of the [DOE Housing Questionnaire](#). Indicate the nature of the former temporary housing below:

- Shelter "Doubled-up" Foster care Other temporary housing situation

6.1 Former address			6.2 Borough		
6.1a House/building number	6.1b Street name	6.1c Apt. #	6.2a <input type="checkbox"/> BK 6.2b <input type="checkbox"/> BX 6.2c <input type="checkbox"/> M 6.2d <input type="checkbox"/> Q 6.2e <input type="checkbox"/> SI		
6.3 City		State	6.4 Zip Code		
		NY	+		

SEE PAGE THREE FOR ADDITIONAL REQUIRED INFORMATION



OFFICE OF PUPIL TRANSPORTATION

Emergency Evaluation Request

2016 — 2017

Page 3

PRINT CLEARLY IN DARK INK — ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

7. SCHOOL-RELATED INFORMATION

Pupil name:		
Last name	First name	MI
School name	ATS Code	OPT Code
Address		Borough
Street number	Street name	<input type="checkbox"/> BK <input type="checkbox"/> BX <input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> SI
City	State NY	Zip Code
Transportation coordinator's name		Transportation coordinator's e-mail address
Last name	First name	MI
Primary telephone number	Extension	Alternate telephone number
Principal's name		Principal's e-mail address
Last name	First name	MI
Primary telephone number	Extension	Alternate telephone number
Is transportation now provided by OPT? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, what transportation is provided? <input type="checkbox"/> GE bus <input type="checkbox"/> SE bus <input type="checkbox"/> Full-fare MetroCard <input type="checkbox"/> Half-fare MetroCard	
If the pupil uses a school bus, what is the route number?	What is the Stop Number?	
What is the pupil's session time?	AM	to PM
What transportation is being requested?	<input type="checkbox"/> GE bus	<input type="checkbox"/> SE bus <input type="checkbox"/> Full-fare MetroCard
<input type="checkbox"/> Documentation required is attached	<input type="checkbox"/> Address and housing status changes have been made	
Signature of principal or designee	Title	Date
Printed name of signee		
Last name	First name	MI

Please MAIL completed exception request forms to (requests by fax are not accepted):

Office of Pupil Transportation
Exception Review Unit
44-36 Vernon Boulevard , 6th Floor
Long Island City, NY 11101

OR EMAIL to: OPTEmergencyTransportationRequests@schools.nyc.gov

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