

## Busing Request Form

### INSTRUCTIONS:

1. Complete the below form with the student's information
2. Copy and paste the form into an email addressed as follows:  
**To:** [OPTShelterTransportationRequests@schools.nyc.gov](mailto:OPTShelterTransportationRequests@schools.nyc.gov);  
[STHVariances@schools.nyc.gov](mailto:STHVariances@schools.nyc.gov)  
**Cc:** Students in Temporary Housing (STH) Content Expert for your borough (emails for the STH Content Experts can be found: [http://schools.nyc.gov/NR/rdonlyres/6C02DF12-F56D-4024-BE84-EA5B6A51A7B9/0/STHContactInformationFORDISTRIBUTION\\_RCredits.pdf](http://schools.nyc.gov/NR/rdonlyres/6C02DF12-F56D-4024-BE84-EA5B6A51A7B9/0/STHContactInformationFORDISTRIBUTION_RCredits.pdf))  
**Subject:** OPT Code/School's ATS Code/ Student Last Name, Student First Name/ OSIS Number or DOB/"Bus Request"
3. Contact the [STH Content Expert](#) for your borough with any questions in completing the bus request.

#### IMPORTANT NOTE FOR STUDENTS WITH DOOR-TO-DOOR BUSING ON THEIR IEPS

Do not email a busing request to the Office of Pupil Transportation (OPT) for students who have door-to-door busing listed on their IEPs. In other words, don't use this form for students who get special education busing. *Instead,*

- make sure that the school updates the student's address and
- contact the Transportation Coordinator at the Borough Field Support Center (BFSC) to request that the student's address is updated in the STRE screen of ATS.

Busing will then be re-routed. For students in domestic violence shelters, the BFSC will use a cross-street instead of a specific street address to protect the confidentiality of the shelter location. For contact information for the BFSC Transportation Coordinators, call OPT's Customer Service Line (718-392-8855).

### 1. PUPIL INFORMATION

Pupil Name (*Last, First*)

Date of birth (*MM-DD-YY*)

OSIS Number (*9 digit school identification #*)

*Leave blank if unknown.*

Grade

### 2. PARENT/GUARDIAN INFORMATION

Name of parent or guardian (*Last, First*)

Telephone number of parent or guardian

Alternate telephone number

*Optional*

Email address of parent or guardian

*Optional (do not include the parent's email address if the parent does not have regular access to email)*

Date form completed with parent or guardian

### 3. SHELTER/FACILITY INFORMATION

Shelter/facility name

Shelter Code (Site Identification #)

*Leave blank if unknown*

Shelter Address (with Unit or Apt Number)

*If a DV shelter, enter the P.O. Box for the shelter.*

Shelter Borough

Shelter Zip Code

Shelter is provided in response to (*Need for temporary housing OR Protection required due to domestic violence*)

*Insert "Protection required due to domestic violence" for students in domestic violence (DV) shelters. Insert "Need for temporary housing" for all other shelter placements.*

Telephone number for shelter

### 4. SCHOOL-RELATED INFORMATION

School Name

School ATS Code

*The ATS code is the district #, the borough letter, and the school number. For example, the ATS code for P.S. 1 in District 7 in the Bronx is 07X001. To find the ATS code, use the School Locator:*

<http://schools.nyc.gov/schoolsearch/>

School OPT Code

*To find the OPT code for the school, see <https://www.opt-osfns.org/opt/Resources/SchoolRouteStSearch/advSchoolSearch.aspx> and enter the ATS code under School Name.*

School Street Address

School Borough (*BK, BX, M, Q, or SI*)

School Zip Code

What is the pupil's session time?

*To find the start and end times, see*

<http://schools.nyc.gov/Home/InOurSchoolsToday/2015-2016/schoolhours.htm> *or call the school.*

\_\_\_\_\_ AM to \_\_\_\_\_ PM

### 5. INFORMATION ABOUT PERSON SUBMITTING REQUEST

Name of staff member

Email address of staff member

Telephone number of staff member

Name of shelter/school/"STH program" for staff member

*Insert the name of the shelter or school where the staff member completing the form works. If the staff member is from the STH Program, insert "STH Program."*