



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

Instructions for Completion of Emergency Evaluation Requests - 2018-2019

Please read carefully and follow all instructions – incomplete or illegible requests or those missing required documentation cannot be processed and will be returned.

Instructions for parents or guardians for completion of Emergency Evaluation Requests

At each of the numbered locations in Section 1 (Pupil Information) on the form please clearly type or print the following (all information is required):

- 1.1a Pupil's last name (surname or family name)
- 1.1b Pupil's first name (given name)
- 1.1c Pupil's middle initial, if any
- 1.2 Pupil's date of birth in MM-DD-YY format
- 1.3 Check 3 to indicate the pupil's gender (1.3a for Male, 1.3b for Female)
- 1.4 Pupil's student identification number (OSIS number – contact the child's school if unknown)
- 1.5 Pupil's grade (grade number from K to 12 or NG for "non-graded")
- 1.6 Check 3 to indicate the pupil's classification (1.6a for General Ed, 1.6b for Special Ed)
- 1.7a House or building number of pupil's home address
- 1.7b Street name of pupil's home address
- 1.7c Apartment number, if any
- 1.8 Borough of pupil's home address (1.8a for Brooklyn, 1.8b for Bronx, 1.8c for Manhattan, 1.8d for Queens, 1.8e for Staten Island)
- 1.9 City of pupil's home address
- 1.10 Zip code of pupil's home address ["Zip + four" if known]

At each of the numbered locations in Section 2 (Reason for Request) on the form please clearly type or print the following:

- 2.1 Check the box here if the pupil was the victim of a crime that occurred on the route that the pupil would normally take to travel to or from school, or to or from a public bus stop or subway station used to travel to or from school. When submitting a request attach either an NYPD Incident Report (NYPD-61), or a comparable crime report showing the name of the victim and the date and location of the crime, or certification from the District Attorney's office regarding participation in a witness protection program, or similar documentation. In reviewing these requests, OPT may recommend an alternative walking path that avoids the area where the crime occurred. OPT will not recommend a walking path that requires a child to walk further than his or her normal eligibility distance.
- 2.2 Check the box here if the parents have joint physical custody and the pupil resides with both parents. A copy of the section of the divorce decree or separation agreement indicating that the child for whom transportation is requested is in the custody of and resides with both parents, along with a schedule that clearly indicates the days and locations where transportation is requested, must be attached (see p. 4). Transportation for dual custody is not a legal requirement for the Office of Pupil Transportation (See [Chancellor's Regulation A-101](#), § VIII, C, p. 20) for information regarding place of residence for enrollment purposes.) it is a courtesy that may be provided by OPT when possible under the following circumstances:

- When both residences are within the same borough as the school and all locations are within New York City
 - When one residence and the school are located in one borough while the other residence is located in another borough but all are located within New York City
 - When the pick up and drop off schedule requested alternates from one week to the next on a rotating two-week cycle
 - And when there are existing school bus routes available that can provide the service requested without unacceptable disruption to service already being provided to other students
- 2.3 Check the box here if the pupil is homeless and does not live in a shelter. A copy of the DOE “Housing Questionnaire” (available here) must be completed as required by Chancellor’s Regulation (see §I, 7, pp. 1-2). It must be given to the child’s school and returned with this request. Do not use this Emergency Evaluation Request form to request transportation for students living in temporary housing or domestic violence shelters. In those cases, contact the DOE Office for Students in Temporary Housing for assistance.
- 2.4 Check the box here if the pupil is named as a protected party in an Order of Protection. A copy of a current temporary or permanent court order must be attached when submitting this request.

At each of the numbered locations in Section 3 (Parent/Guardian Information) on the form please clearly type or print the following:

- 3.1a Parent or guardian’s last name (surname or family name)
- 3.1b Parent or guardian’s first name (given name)
- 3.1c Parent or guardian’s middle initial, if any
- 3.2 Indicate parent or guardian’s title by checking box 3.2a for Mr., 3.2b for Mrs., 3.2c for Ms, or 3.2d for “other”. Use the space following “other” to indicate this title.
- 3.3 Enter the parent or guardian’s primary telephone number
- 3.4 Enter an extension associated with the primary telephone number, if any
- 3.5 Enter the parent or guardian’s alternate telephone number, if any
- 3.6 Enter an extension associated with the alternate telephone number, if any
- 3.7 Enter the parent or guardian’s e-mail address, if any
- 3.8 The parent or guardian must sign the form in the space provided.
- 3.9 Date the form in the space provided.

After you have completed page 1 of the Emergency Evaluation Request, bring the form and required additional documents to your child’s school so that the school can complete page 2. When both pages have been completed, the request should be emailed or mailed to the Office of Pupil Transportation at the address shown on the form. Do not fax request forms to OPT.

Instructions for schools for completion of Emergency Evaluation Requests

Please carefully review the information provided by parents on page one of the request and assist them, if necessary, in identifying the student’s grade, identification (OSIS) number, and GE or SE classification. If the pupil is reported to be temporarily homeless but is not living in a shelter (i.e., is “doubled-up”), please also review the documentation they have provided (the DOE Housing Questionnaire is required) to ensure that it is accurate and complete and, for pupils in public and charter schools, that this information has been entered on ATS. Forms that do not provide complete student identification information or are submitted without required documentation cannot be processed and will be returned to the pupil’s parent or guardian.

Please clearly type or print ALL of the information required in Section 4 (p. 2, School Related Information) of the request form. Illegible, incomplete or unsigned forms cannot be processed and will be returned to the pupil's parent or guardian. Please be particularly attentive to the following:

- Clearly PRINT the name, primary telephone number with any required extension and e-mail address of the school's transportation coordinator or pupil accounting secretary and the name, primary telephone number with any required extension and e-mail address of the school's principal.
- The request form must be signed by the school principal or the principal's designee and, together with any additional documentation, should be emailed or mailed to the Office of Pupil Transportation at the address shown on the form. DOE interoffice mail or "regular" US mail is adequate. Certified, express or overnight delivery is not required. DO NOT FAX forms to OPT.

Thank you for your cooperation.



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

**Emergency Evaluation
 Request
 2018 — 2019**

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 NY	1.10 Zip Code			

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 using the form available on page four — 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		
- -			- -		

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 [available [here](#)]. Indicate the nature of the former temporary housing:

- 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

2018 — 2019

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



Transportation Schedule Requested for Dual Custody

Pupil Name:			Pupil identification number:		
Last name	First name	MI			
Contact information for parent/guardian living at address "1"					
Name:			Telephone number:		
Last name	First name	MI			
Address:					
House number	Street name	Borough	Zip code		
Contact information for parent/guardian living at address "2"					
Name:			Telephone number:		
Last name	First name	MI			
Address:					
House number	Street name	Borough	Zip code		

Enter the number "1" or "2" in the table below corresponding to the address locations above to indicate where the student is to be picked up or dropped off each day.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1	AM PICK UP	AM PICK UP	AM PICK UP	AM PICK UP	AM PICK UP	
	PM DROP OFF	PM DROP OFF	PM DROP OFF	PM DROP OFF	PM DROP OFF	
Week 2	AM PICK UP	AM PICK UP	AM PICK UP	AM PICK UP	AM PICK UP	
	PM DROP OFF	PM DROP OFF	PM DROP OFF	PM DROP OFF	PM DROP OFF	