Department of Education

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

Instructions for Completion of Hazard Evaluation Requests

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 Hazard Evaluation Requests

At each of the numbered locations in Section 1 (Pupil Information) on the form, 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 the box to indicate the pupil's gender (1.3a for Male, 1.3b for Female)

1.4 Pupil's student identification number (OSIS number)

1.5 Pupil's grade (grade number from K to 12 or NG for "non-graded')

1.6 Check the box 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 (Parent/Guardian Information) on the form please clearly type or print the following:

2.1a Parent or guardian's last name (surname or family name)

2.1b Parent or guardian's first name (given name)

2.1c Parent or guardian's middle initial, if any

2.2 Indicate parent or guardian's title by checking box 2.2a for Mr., 2.2b for Mrs., 2.2c for Ms, or 2.2d for "other". Use the space following "other" to indicate this title.

2.3 Enter the parent or guardian's primary telephone number

2.4 Enter an extension associated with the primary telephone number, if any

2.5 Enter the parent or guardian's alternate telephone number, if any

2.6 Enter an extension associated with the alternate telephone number, if any

2.7 Enter the parent or guardian's e-mail address, if any

2.8 The parent or guardian must sign the form in the space provided.

Instructions for completion of Hazard Evaluation requests

2.9 Date the form in the space provided.

At each of the numbered locations in Section 3 (Reason for Evaluation Request) on the form, clearly type or print the following:

3.1 Check the box here if you believe that your child must use a narrow bridge, overpass or underpass without sidewalks or adequate shoulders along the route to reach school or a public bus stop or subway station, or along the route from a public bus stop or subway station to the pupil's school. You must identify the specific location(s) where you believe this hazard exists.

3.2 Check the box here if you believe that your child must cross a railroad crossing along the route to reach school or a public bus stop or subway station, or along the route from a public bus stop or subway station to the pupil's school. You must identify the specific location(s) where you believe this hazard exists.

3.3 Check the box here (a through e) if you believe that there are no sidewalks or satisfactory off-road paths along the route that the pupil would normally walk to reach school or a public bus stop or subway station, or along the route from a public bus stop or subway station to the pupil's school. You must identify the specific location(s) where you believe this hazard exists. When reviewing these requests, in certain cases OPT may recommend an alternative walking path that avoids the hazardous conditions. OPT will not recommend a walking path that requires a child to walk further than his or her normal eligibility distance.

3.4 Check the box here (a through e) if you believe that your child must cross a dangerous intersection along the route to reach school or a public bus stop or subway station, or along the route from a public bus stop or subway station to the pupil's school. You must identify the specific location(s) where you believe this hazard exists and identify any existing traffic control devices found at the location.

Evaluation requests submitted without identification of specific locations where hazards are believed to exist cannot be processed and will be returned to parents or guardians.

After you have completed page 1, 2, 3 and 4, if necessary, the Hazard Evaluation Request, bring the form to your child's school so that the school can complete page 5. When all required pages have been completed, the request may be emailed or mailed to the Office of Pupil Transportation at the address shown on the form. Please do not fax evaluation request forms to OPT.

Instructions for schools for completion of the Hazard Evaluation Requests

Please carefully review the information provided by parents on page 1 of the request and assist them, if necessary, in identifying the student's grade, identification (OSIS) number, and GE or SE classification. Please also review the information they have provided on pages 2 through 4 with regard to the specific locations of any hazards they feel their child would encounter in travelling to school. Forms that do not provide complete student identification information of lack specific information regarding the location(s) of hazards will be returned.

Please clearly type or print ALL of the information required in Section 4 (p. 5, School Related Information) of the evaluation request form. Please be particularly attentive to the following:

- Please provide 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, may be emailed or mailed to OPT. 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.

NYC Department of Education

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Long Island City, NY 11101
Telephone: 718-392-8855

Hazard Evaluation Request 2019 — 2020

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 including student ID number and grade must be provided.

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

2. PARENT / GUARDIAN INFORMATION

2.1 Name of parent or guardian 2.1a Last name 2.1b First name 2.1c MI		2.2 Title 2.2a☐ Mr. 2.2b☐ Mrs. 2.2c☐ Ms. 2.2d☐ Other
2.3 Primary telephone number – – – 2.4 Extension	2.5 Alternate telephone number – – – 2.6 Extension	
2.7 E-mail address of parent or guardian		
2.8 Signature of parent or guardian		2.9 Date

SEE PAGES TWO THROUGH FIVE FOR ADDITIONAL REQUIRED INFORMATION

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3. REASON FOR EVALUATION REQUEST

Pupil name:
Last name First name MI

3.1 NARROW BRIDGES, OVERPASSES OR UNDERPASSES (TUNNELS)

3.1 a ☐ Narrow bridge, overpass or underpass (tunnel) along the route to school, bus or subway station:
On _____ (Street name) between _____ (Street name) and _____ (Street name)

3.1 b ☐ Narrow bridge, overpass or underpass (tunnel) along the route to school, bus or subway station:
On _____ (Street name) between _____ (Street name) and _____ (Street name)

3.1 c ☐ Narrow bridge, overpass or underpass (tunnel) along the route to school, bus or subway station:
On _____ (Street name) between _____ (Street name) and _____ (Street name)

3.2 RAILROAD CROSSING(S)

3.2 a ☐ Railroad crossing along the route to school, bus or subway station:
On _____ (Street name) between _____ (Street name) and _____ (Street name)

3.2 b ☐ Railroad crossing along the route to school, bus or subway station:
On _____ (Street name) between _____ (Street name) and _____ (Street name)

3.2 c ☐ Railroad crossing along the route to school, bus or subway station:
On _____ (Street name) between _____ (Street name) and _____ (Street name)

SEE PAGES THREE THROUGH FIVE FOR ADDITIONAL REQUIRED INFORMATION

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3. REASON FOR EVALUATION REQUEST

Pupil name:
Last name First name MI

3.3 NO SIDEWALK OR SHOULDER ALONG THE ROUTE TO SCHOOL, BUS OR SUBWAY STATION

3.3 a ☐ No sidewalk or shoulder along the route to school, bus, or subway station:
On _____ (Street name) between [A] _____ (Street name) and [B] _____ (Street name)
Number of streets ["blocks"] between locations A and B: ☐ 1 ☐ 2 to 5 ☐ 6 to 10 ☐ 11 or more

3.3 b ☐ No sidewalk or shoulder along the route to school, bus, or subway station:
On _____ (Street name) between [A] _____ (Street name) and [B] _____ (Street name)
Number of streets ["blocks"] between locations A and B: ☐ 1 ☐ 2 to 5 ☐ 6 to 10 ☐ 11 or more

3.3 c ☐ No sidewalk or shoulder along the route to school, bus, or subway station:
On _____ (Street name) between [A] _____ (Street name) and [B] _____ (Street name)
Number of streets ["blocks"] between locations A and B: ☐ 1 ☐ 2 to 5 ☐ 6 to 10 ☐ 11 or more

3.3 d ☐ No sidewalk or shoulder along the route to school, bus, or subway station:
On _____ (Street name) between [A] _____ (Street name) and [B] _____ (Street name)
Number of streets ["blocks"] between locations A and B: ☐ 1 ☐ 2 to 5 ☐ 6 to 10 ☐ 11 or more

3.3 e ☐ No sidewalk or shoulder along the route to school, bus, or subway station:
On _____ (Street name) between [A] _____ (Street name) and [B] _____ (Street name)
Number of streets ["blocks"] between locations A and B: ☐ 1 ☐ 2 to 5 ☐ 6 to 10 ☐ 11 or more

SEE PAGES FOUR AND FIVE FOR ADDITIONAL REQUIRED INFORMATION

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3. REASON FOR EVALUATION REQUEST

Pupil name:
Last name First name MI

3.4 HAZARDOUS INTERSECTION(S) ALONG THE ROUTE TO SCHOOL, BUS OR SUBWAY STATION

3.4 a ☐ Hazardous intersection along the route to school, bus or subway station:
Intersection of _____ (Street name) and _____ (Street name)
Traffic control devices at this location:
☐ None ☐ Stop sign ☐ Traffic light ☐ Painted crosswalk ☐ School crossing sign ☐ Crossing guard

3.4 b ☐ Hazardous intersection along the route to school, bus or subway station:
Intersection of _____ (Street name) and _____ (Street name)
Traffic control devices at this location:
☐ None ☐ Stop sign ☐ Traffic light ☐ Painted crosswalk ☐ School crossing sign ☐ Crossing guard

3.4 c ☐ Hazardous intersection along the route to school, bus or subway station:
Intersection of _____ (Street name) and _____ (Street name)
Traffic control devices at this location:
☐ None ☐ Stop sign ☐ Traffic light ☐ Painted crosswalk ☐ School crossing sign ☐ Crossing guard

3.4 d ☐ Hazardous intersection along the route to school, bus or subway station:
Intersection of _____ (Street name) and _____ (Street name)
Traffic control devices at this location:
☐ None ☐ Stop sign ☐ Traffic light ☐ Painted crosswalk ☐ School crossing sign ☐ Crossing guard

3.4 e ☐ Hazardous intersection along the route to school, bus or subway station:
Intersection of _____ (Street name) and _____ (Street name)
Traffic control devices at this location:
☐ None ☐ Stop sign ☐ Traffic light ☐ Painted crosswalk ☐ School crossing sign ☐ Crossing guard

SEE PAGE FIVE FOR ADDITIONAL REQUIRED INFORMATION

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4. SCHOOL-RELATED INFORMATION

Pupil name:
Last name First name MI

School name	ATS Code	OPT Code
Address Street number Street name	Borough ☐ BK ☐ BX ☐ M ☐ Q ☐ SI	
City	State NY	Zip Code +
Transportation coordinator's name Last name First name MI	Transportation coordinator's e-mail address	
Primary telephone number – – – Extension	Alternate telephone number – – – Extension	
Principal's name Last name First name MI	Principal's e-mail address	
Alternate telephone number – – – Extension	Primary telephone number – – – Extension	
Is transportation now provided by OPT? ☐ No ☐ Yes	If yes, what transportation is provided? ☐GE bus ☐SE bus ☐Full-fare MetroCard ☐Half-fare MetroCard	
If the pupil now uses a school bus, what is the route number?	What is the medical alert code, if any?	
What is the pupil's session time? AM to PM		
What transportation is being requested? ☐GE bus ☐SE bus ☐Full-fare MetroCard		
Signature of principal or designee	Title	Date

Please email completed exception request forms to: OPTHazardTransportationRequests@schools.nyc.gov

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

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