



OFFICE OF PUPIL TRANSPORTATION
ALEXANDRA ROBINSON *Executive Director*
 44-36 Vernon Boulevard
 Long Island City, NY 11101
 Telephone: 718-392-8855

Shelter Variance

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

1. PUPIL INFORMATION

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 <input type="checkbox"/> Male 1.3b <input type="checkbox"/> Female	1.4 Identification Number	1.5 Grade	1.6 Classification 1.6a <input type="checkbox"/> General Ed 1.6b <input type="checkbox"/> Special Ed	
1.7 Is transportation now provided by OPT? 1.7a <input type="checkbox"/> No 1.7b <input type="checkbox"/> Yes		1.8 If yes, what transportation is provided? 1.8a <input type="checkbox"/> GE bus 1.8b <input type="checkbox"/> SE bus 1.8c <input type="checkbox"/> MetroCard 1.8d <input type="checkbox"/> Half-fare MetroCard		

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 <input type="checkbox"/> Mr. 2.2b <input type="checkbox"/> Mrs. 2.2c <input type="checkbox"/> Ms. 2.2d <input type="checkbox"/> Other:	
2.8 Primary telephone number		2.9 Extension	2.10 Alternate telephone number	
2.12 E-mail address of parent or guardian				
2.13 Signature of parent or guardian			2.14 Date	

3. SHELTER / FACILITY INFORMATION

Shelter / facility name			Variance Number	
Address Street address or P.O. Box Number			Borough <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		
Shelter is provided in response to: <input type="checkbox"/> Need for temporary housing <input type="checkbox"/> Protection required due to domestic violence				
Stop location should be designated as: <input type="checkbox"/> Shelter street address, or <input type="checkbox"/> Intersection of:				
Primary telephone number		Extension	Fax number	
Name of shelter administrator, family assistant or designee Last name First name MI			Signature	
E-mail address of shelter administrator, family assistant or designee			Date	

SEE PAGE TWO FOR REQUIRED SCHOOL INFORMATION



OFFICE OF PUPIL TRANSPORTATION

Shelter Variance

Page 2

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

4. SCHOOL-RELATED INFORMATION

School name		ATS Code		OPT Code	
Address <small>Street number Street name</small>			Borough <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 <small>Last name First name MI</small>		Transportation coordinator's e-mail address			
Primary telephone number <small>Extension</small>		Fax number			
Principal's name <small>Last name First name MI</small>		Principal's e-mail address			
Primary telephone number <small>Extension</small>		Alternate telephone number <small>Extension</small>			
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 now uses a bus, what is the route number?			What is the medical alert code, if any?		
What is the pupil's session time? Regular day:			Extended day:		
What transportation is being requested?		<input type="checkbox"/> GE bus		<input type="checkbox"/> SE bus <input type="checkbox"/> Full-fare MetroCard	
Signature of principal or designee		Title		Date	

MAIL COMPLETED FORM TO THE ADDRESS SHOWN ON PAGE ONE OR FAX TO 718-482-3886 ATT: VARIANCE UNIT

For assistance, contact OPT Customer Service at 718-482-8855

5. TRANSPORTATION INFORMATION [to be completed by OPT]

<input type="checkbox"/> Assign MetroCard based on grade			<input type="checkbox"/> Refer to GE Routing		<input type="checkbox"/> Refer to SE Routing		Date
GE route available: <input type="checkbox"/> No <input type="checkbox"/> Yes		Router		SE route available: <input type="checkbox"/> No <input type="checkbox"/> Yes		Router	
AM route:		Stop:		Time:		PM route:	
						Stop:	
						Time:	
Bus company:			Telephone:			Effective date:	
Parties informed: <input type="checkbox"/> School <input type="checkbox"/> Shelter			Informed by:			Date:	