



**OFFICE OF PUPIL TRANSPORTATION**  
 44-36 Vernon Boulevard 6<sup>th</sup> Floor  
 Long Island City, N.Y. 11101  
 (718) 392-8855

Variance Approved				
<b>E</b>				
Date:				

## Request for Emergency Variance

PLEASE PRINT CLEARLY IN DARK INK

### TO BE COMPLETED BY PARENT/GUARDIAN

#### STUDENT INFORMATION

Name of Student (First, Middle Initial, Last)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		Date of Birth (MM-DD-YY)     -       -		
City		State <b>NY</b>	Zip Code 	

#### PARENT/GUARDIAN INFORMATION

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	Name of Parent/Guardian (First, Middle Initial, Last)			
Home Address (If same as student's address, write "SAME")		City	State <b>NY</b>	Zip Code 
Daytime Contact Phone Number         -         -		Cell Phone Number         -         -		
E-mail Address				

**REASON FOR VARIANCE REQUEST**—Police report, order of protection, witness protection certification or similar document **must** be attached.

▶ \_\_\_\_\_ ▶  
 Signature of Parent/Guardian Date

### TO BE COMPLETED BY SCHOOL

Name of School		ATS Code 		OPT School Code 	
School Address		City	State <b>NY</b>	Zip Code 	
Student ID Number 		Student's Grade Level	School Phone Number         -         -		
Name of Principal/Designee (First, Middle Initial, Last)					

▶ \_\_\_\_\_ ▶  
 Signature of Principal/Designee Date

**MAIL COMPLETED FORM AND DOCUMENTS TO THE ABOVE ADDRESS OR FAX TO (718) 482-3886  
 ATTENTION: VARIANCE DEPARTMENT**

For assistance, please contact **OPT Customer Service** at **(718) 392-8855**.