



OFFICE OF PUPIL TRANSPORTATION

44-36 Vernon Boulevard
 Long Island City, NY 11101
 Telephone: (718) 392-8855
 Fax: (718) 482-3702

**Request to Change Afterschool Drop-Off Address
 for Students Receiving Specialized Transportation**

Please note:

- These requests are subject to route availability, and may be denied based on lack of availability.
- These requests will generally take 5-7 business / school days to take effect.
- Requests for same-day changes **will not** be honored.
- This form must be completed by the child’s primary parent/guardian, except for students in foster care, whose foster care agency can submit on behalf of the parent/guardian and foster parent. **Schools cannot create this form on behalf of a parent/guardian – the parent/guardian must initiate the request and sign this form.**

To Submit:

- Email to BusingExceptions@schools.nyc.gov
- Provide to school, so that the school can email to BusingExceptions@schools.nyc.gov
- Fax to (718) 610-3404
- Mail to address listed at top, **ATTN: Afterschool Drop-Off Address**

Student ID	Student First Name	Student Last Name
Student Date of Birth (MM-DD-YYYY)	Parent/Guardian First Name	Parent/Guardian Last Name
Parent/Guardian Phone #	Parent/Guardian Email	
Current School Code (District – Borough – School)	Current School Name	
Name of Requested Afterschool Drop-Off Address		
Address of Requested Afterschool Drop-Off Address		City, State, Zip Code
Days of the Week to be Dropped-Off at this Requested Address <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Requested Start Date / /	Reason for Request	
Name of the Person Responsible for Meeting the Student at this Location (REQUIRED)	Title or Relation of the Person Responsible for Meeting the Student at this Location (REQUIRED)	
Telephone # of the Person Responsible for Meeting the Student at this Location (REQUIRED)		
Signature of Person Responsible for Meeting the Student at this Location (REQUIRED)		Date (REQUIRED)
Parent/Guardian Signature (REQUIRED)		Date (REQUIRED)