

Request for Exception to Transportation Rules and Eligibility

Please note: This form must be completed by the child’s primary parent/guardian, except for students in foster care, whose foster care agency can complete on behalf of the parent/guardian and foster parent.

Submit this form to BusingExceptions@schools.nyc.gov, or ask your school to scan and email it to that email address.

Note to families in domestic violence situations: Please use the designated PO Box; if you do not have one, please speak to your shelter. If you are not residing in a shelter, please speak to your school.

Student ID	Student First Name		Student Last Name
Student Date of Birth (MM-DD-YYYY)	Parent/Guardian First Name		Parent/Guardian Last Name
Street Number and Name (families in DV shelters should enter their PO Box)	Apartment or Unit #	Zip Code	Borough
Parent/Guardian Phone #	Parent/Guardian Email		Current School Code (District – Borough – School), if known
Current School Name			Does the child currently receive busing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
If child is under 5 years old: Weight of child: _____ lbs (This is used to determine the potential need for car seat.)			Does the child’s sibling currently receive busing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Reason for Request for Exception (check one) <input type="checkbox"/> The child is in temporary housing (shelter, domestic violence shelter, living with others due to financial hardship [“doubled up”], displaced because of a fire, disaster, eviction, etc.) <input type="checkbox"/> The child recently transitioned from temporary housing to permanent housing <input type="checkbox"/> The child is in foster care <input type="checkbox"/> There is a hazard or obstruction that makes walking to the school, current bus stop, or public transportation unsafe for the child (fill out section 2) <input type="checkbox"/> The child is a victim of or was involved with a crime and/or has an Order of Protection, and needs transportation to address the situation (fill out section 3) <input type="checkbox"/> The child already receives busing, and the child’s parents/guardians have a joint custody agreement and would like to receive transportation to both addresses (fill out section 4) <input type="checkbox"/> The child has a medical or health condition that requires busing (fill out section 5) If you do not see the reason you would like transportation listed above, please email us at BusingExceptions@schools.nyc.gov for more information.			
Parent/Guardian Signature			Date
Joint Custody Only: Second Parent/Guardian Signature <i>I have read all pages of the application filled out by the parent/guardian with primary physical custody as named by the custody agreement or court order, and agree to all contents within.</i>			Date
Foster Care Only: Foster Care Agency Designee or Foster Parent Signature			Date

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Section 2: Hazard or Obstruction

Please note: The following are NOT considered hazards or obstructions, and requests based on the following will not be approved.

- People loitering along the walkway
- General concerns about crime in the neighborhood
- Unpaved roads or sidewalks
- Traveling in the dark
- Abandoned buildings lining a street along the walkway

Please list all applicable intersection(s) and identify the hazard or obstruction:

Street or Avenue:	Cross Street or Avenue:	Choose all that apply: <input type="checkbox"/> Narrow bridge or underpass <input type="checkbox"/> Railroad crossing <input type="checkbox"/> No sidewalk <input type="checkbox"/> Busy street but no stop sign, traffic light, and/or pedestrian crossing <input type="checkbox"/> Barrier that requires re-routing to a longer walkway
Street or Avenue:	Cross Street or Avenue:	Choose all that apply: <input type="checkbox"/> Narrow bridge or underpass <input type="checkbox"/> Railroad crossing <input type="checkbox"/> No sidewalk <input type="checkbox"/> Busy street but no stop sign, traffic light, and/or pedestrian crossing <input type="checkbox"/> Barrier that requires re-routing to a longer walkway
Street or Avenue:	Cross Street or Avenue:	Choose all that apply: <input type="checkbox"/> Narrow bridge or underpass <input type="checkbox"/> Railroad crossing <input type="checkbox"/> No sidewalk <input type="checkbox"/> Busy street but no stop sign, traffic light, and/or pedestrian crossing <input type="checkbox"/> Barrier that requires re-routing to a longer walkway

Section 3: Victim of or Involved with a Crime and/or Order of Protection

Please check all of the following that apply:

- Police report is attached
- I filed an incident report with my school
- Written statement is attached
- Order of protection is attached

Section 4: Joint Custody

VERY IMPORTANT: Please note the following:

- This application will NOT be accepted unless BOTH parent/guardians sign this application on the front page.
- The Custody Agreement or Court Order MUST accompany this application in order to process.
- The calendar requested in this application MUST be consistent with the Custody Agreement or Court Order.
- No requests for changes to the approved calendar will be accepted by the NYCDOE, school, or bus company. To change the schedule, a NEW application must be submitted.

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Parent/Guardian with *primary* physical custody per the Custody Agreement or Court Order (*Address 1*)

First Name	Last Name	Phone #
Street Number and Name	Apartment or Unit #	Zip
Borough		

Email Address:

Parent/Guardian with *secondary* physical custody per the Custody Agreement or Court Order (*Address 2*)

First Name	Last Name	Phone #
Street Number and Name	Apartment or Unit #	Zip
Borough		

Email Address:

Requested Calendar

Address 1 = Primary Parent/Guardian

Address 2 = Secondary Parent/Guardian

Week 1: Check the address for each day

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Address 1 Address 2	Address 1 Address 2	Address 1 Address 2	Address 1 Address 2	Address 1 Address 2
PM	Address 1 Address 2	Address 1 Address 2	Address 1 Address 2	Address 1 Address 2	Address 1 Address 2

Week 2: Check the address for each day

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Address 1 Address 2	Address 1 Address 2	Address 1 Address 2	Address 1 Address 2	Address 1 Address 2
PM	Address 1 Address 2	Address 1 Address 2	Address 1 Address 2	Address 1 Address 2	Address 1 Address 2

Section 5: Medical or Health

The child has the following medical / health condition that requires busing (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Amputation, missing, or prosthetic limb (foot, leg) | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Asthma or respiratory conditions or diseases |
| <input type="checkbox"/> Broken, dislocated, or fractured bone (foot, ankle, leg, hip, knee, back, spine) | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Cancer, tumor, transplant, or surgery (bone, joint, brain, organ) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Disability or condition that affects child's behavior or ability to self-regulate |
| <input type="checkbox"/> Epilepsy / seizures | <input type="checkbox"/> Dysplasia |
| <input type="checkbox"/> Organ transplant | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Spinal bifida | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Muscular Dystrophy |
| | <input type="checkbox"/> Neurological disorder |
| | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Other (please name and describe): _____ | |

VERY IMPORTANT: This request CANNOT be processed unless BOTH of the following are submitted:

- HIPAA
- Medical / Health Evaluation Request – must be filled out by child's doctor