

Change of After School Drop for Special Education Students

In some cases, parents and guardians may need an afternoon drop-off location that is different from their child's morning pick-up location. Parents/guardians of students who receive special education transportation should complete the **Change of After School Drop Form** to request that their child be dropped off in the afternoon at a location other than their home address. Regulations do not require that a student be dropped off after school at any location other than the student's home; approval of these requests is subject to the availability of service in the area. **Based on availability, it takes 10 working days to route an alternate request.**

OPT will make every effort to accommodate these requests provided that the following conditions apply:

- The student must be entitled to and receiving special education transportation.
- The student may be dropped off at only one alternate location within the same week.
- The new drop off location is in the borough of the child's home **or** school.

To assist us in reviewing and processing your request, be sure to:

- Print information clearly.
- Enter student ID number.
- Sign the form (parent/guardian or other designated person responsible for the child).
- Have the form notarized.
- Mail or fax to the address listed on the form.

Requests to change after school drop-off locations must be submitted each school year. A separate request must be made for the summer. For students who have a current request on file, OPT mails an Update/Change Form to parents in June for summer service and in July for September service.

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



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

Change of After School Drop for Special Education Students

After school drop locations are a service of the Department of Education beyond the legal mandate to provide your child with door-to-door transportation. **Approval of these requests is limited to service within the borough of residence or school and the availability of service in the area. Based on availability, it takes 10 working days to route an alternate request.**

PLEASE PRINT CLEARLY

TO BE COMPLETED BY PARENT/GUARDIAN

Name of Student (First, Middle Initial, Last)		9 Digit Student ID#	
Home Address		Home Phone Number	
City		Apt. #	State NY
Name of School		5 Digit School Code	
School Address	City	State NY	Zip Code
Name of New Afternoon Drop Location (Ex. Happy Day Care Center, Grandma's house)		Phone Number	
Address		City	State NY
Days of the Week Student is to be Dropped Off at This Location			
<input type="checkbox"/> Monday - Friday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday		
Name of the Person Responsible for Meeting the Student at This Location			
Requested Start Date for New PM Drop Location (MM-DD-YYYY)		Reason for Request:	
- 2 0			

I CERTIFY THAT I HAVE ARRANGED WITH THE INDIVIDUAL/SCHOOL/CENTER DESCRIBED ABOVE, TO MEET THE BUS DELIVERING MY CHILD TO THE SPECIFIED LOCATION ON THE DAYS INDICATED AND THAT THE PERSON WHOSE SIGNATURE APPEARS BELOW HAS AGREED TO BE RESPONSIBLE FOR MEETING MY CHILD AS HE/SHE DISEMBARKS FROM THE BUS AT THE ABOVE LOCATION.

Signature of Parent/Guardian

Date

Signature of Individual Responsible for Meeting Student at the Above Location

Date

Notary Name:	Registration Number:	Commission Expiration Date:
Sworn to before me on (MM-DD-YYYY)	Notary Public Signature/Official Stamp	
- 2 0		

**FAX NOTARIZED FORM to (718) 610-3404 or MAIL TO THE ADDRESS at the TOP of THIS FORM
ATTENTION: AFTER SCHOOL DROPS**

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