



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

Parents should use 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. Under the law, a student is not entitled to an after school drop-off to any location other than the student's home. However, OPT will make every effort to accommodate these requests provided that the following conditions apply:

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

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

- Print information clearly
- Enter student ID number
- Sign the form:
 - Parent/guardian
 - Other designated person responsible for the child
- Have the form notarized
- Mail or fax to 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 After School Drop 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**.



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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
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) 784-9827 or (718) 784-3234 or MAIL TO THE ABOVE ADDRESS
 ATTENTION: RITA PARVIS**

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