



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

## Request for Emergency Variance

PLEASE PRINT CLEARLY

### 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	Apt. #	Date of Birth (MM/DD/YYYY)		
City	State <b>NY</b>	Zip Code		

#### PARENT 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**—Please include a police report, order of protection, witness protection certification or similar document.

---



---



---

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

### TO BE COMPLETED BY SCHOOL

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

▶ \_\_\_\_\_ ▶  
 Signature of Principal/Principal's 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.