



Request for OPT Approval to Assign a Volunteer Monitor to a General Education Bus Route

ALL INFORMATION MUST BE COMPLETED BY SCHOOL PERSONNEL

SCHOOL INFORMATION

School Name			OPT Code		ATS Code	
Street Address						
City			State		Zip Code	
Name of Transportation Coordinator			Email address			
Last	First	Title				
Primary telephone number ()			Extension		Alternate telephone number ()	
Name of Principal			Email address			
Last	First	Title				
Primary telephone number ()			Extension		Alternate telephone number ()	

CANDIDATE INFORMATION

Name of Candidate			Social Security number		Date of birth (mm/dd/yy)	
Last	First	Title				
Home Address						
City		State NY	Zip Code			
Telephone number ()			Email Address			
Name of person to contact in case of emergency			Telephone number ()			
Is the candidate a school employee? If so, in what position?			Is the candidate a Department of Education employee? (Circle one) Yes No			
Parent of student at above school? (Circle one) Yes No		If yes, name of child			OSIS #	

BUS ROUTE INFORMATION

Vendor Name		
AM Route number	Stop identification number	Location
Pick-up time	Days attendant will be riding bus route (please circle) Mon. Tues. Wed. Thurs. Fri.	
PM Route number	Stop identification number	Location
Drop-off time	Days attendant will be riding bus route (please circle) Mon. Tues. Wed. Thurs. Fri.	
Is this request for a permanent or short-term assignment? *** (Circle one)		
PERMANENT SHORT-TERM		
If a short-term assignment, from what date to what date?		

REASON FOR REQUEST:

EMAIL COMPLETED FORM TO Mmateo4@schools.nyc.gov

ATTN: Marilyn Mateo