NYC Department of Education

Requesting Transportation Services

PART 1 - SCHOOL INFORMATION

1   School Name

2   School Address

3   School City

4   State

5   School Zip Code

6   Principal's Name

7   Principal's E-Mail Address

8   Please select your school type:

- [ ] (A) NYC DOE Public school
- [ ] (B) Roman Catholic school
- [ ] (C) Jewish school
- [ ] (D) Christian/other than Catholic school
- [ ] (E) Other religious school
- [ ] (F) Nonsectarian school
- [ ] (G) Public school located outside of NYC
- [ ] (H) Charter school

PART 2 - CONFIRMATION

9   Principal's Acknowledgement:

- [ ] I am the principal of the school shown above. I have read all of the information contained on the web page entitled **Requesting Transportation Services**. I understand the responsibilities that must be discharged by school personnel when requesting transportation services from the NYC DOE Office of Pupil Transportation. I am confirming that my school is prepared to undertake those responsibilities. Please forward the access code to OPT's application required to submit a request for transportation services.

10   Principal's Full Name

11   Date

PART 3 - SUBMIT REQUEST VIA E-MAIL

E-mail completed form to: TransportSchedule@schools.nyc.gov