



**Department of  
Education**

## 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			Alternate telephone number		Extension	
( )			( )			
Name of Principal			Email address			
Last	First	Title				
Primary telephone number			Alternate telephone number		Extension	
( )			( )			

### 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)		If yes, name of child			OSIS #	
Yes                  No						

