

# Requesting Transportation Services

All fields are required. E-mail completed form to: [TransportSchedule@schools.nyc.gov](mailto:TransportSchedule@schools.nyc.gov)

## 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 in the document entitled: [Requesting OPT Transportation Services](#). Having read this material, I understand the responsibilities that must be discharged by school personnel when requesting transportation services from the NYC DOE Office of Pupil Transportation. As the principal of this school 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](mailto:TransportSchedule@schools.nyc.gov)