SUMMER TRANSPORTATION FOR SPECIAL EDUCATION STUDENTS
USING THE OPT-77 FORM

OPT accepts data changes for students mandated to receive specialized transportation during the summer using this form for the following schools and circumstances:

Public Schools (non-D75 programs)
- To request specialized transportation for students for whom data was not entered using SSPR. Schools should register/update the student record using ATSSUM and submit this document.
- To request changes for students currently receiving specialized transportation to a summer program.
  1. Change Home address
  2. Change summer location
  3. Change ambulatory status or updates based on approved SESIS changes
  4. Delete to cancel summer transportation

Non-Public School and Charter Schools
- To request specialized transportation for the summer for a newly admitted special education student
- To request specialized transportation for the summer for a student who will be attending a different school for the summer
- To request changes for students currently receiving specialized transportation to a summer program.
  1. Change Home address
  2. Change summer location
  3. Change ambulatory status or updates based on approved SESIS changes
  4. Delete to cancel summer transportation

Complete ALL fields legibly and clearly.

All new requests for service or updates to a Medical Alert code will be reviewed and confirmed at OPT using SESIS: The most recent finalized IEP will be checked for mandated transportation and approved accommodations.

Fax completed form to OPT at (718) 610-3404
**APPLICATION FOR SUMMER TRANSPORTATION FOR SPECIAL EDUCATION STUDENTS**

**PLEASE PRINT CLEARLY**

<table>
<thead>
<tr>
<th>Student ID Number</th>
<th>Date of Birth (mm-dd-yy)</th>
<th>Gender</th>
<th>Ambulatory Status</th>
<th>Handicap Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Student Name (Last, First, Middle Initial)

Special Medical Alerts: ___________________________________________________________

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**PARENT/GUARDIAN INFORMATION**

Name of Parent/Guardian (First Name, Last Name)

Primary Phone Number: ___________________________ Alternate Phone Number: ___________________________

Emergency Contact (First Name, Last Name) Emergency Contact Phone Number: ___________________________

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**ACTION TO BE TAKEN (FOR SUMMER ONLY)**

- [ ] New Admission
- [ ] Delete Service
- [ ] Change Address for Summer
- [ ] Change School
- [ ] Other Change

**Summer Transportation Address**

<table>
<thead>
<tr>
<th>House/Building Number</th>
<th>Street Name</th>
<th>Apt. #</th>
<th>Borough</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ BK □ BX □ M □ Q □ SI</td>
</tr>
</tbody>
</table>

City: ___________________________ State: NY Zip Code: ___________________________

**School Information**

<table>
<thead>
<tr>
<th>School Code</th>
<th>Session Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Start:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Street Number /Name</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Explain Other Change: ___________________________________________________________

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Authorized By (Print Name): ___________________________ Title: ___________________________

Authorized Signature: ___________________________ Date: ___________________________

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