

## Request to Change Afterschool Drop-Off Address for Students Receiving Specialized Transportation

## Please Note:

- These requests are subject to route availability, and may be denied based on lack of availability.
- These requests will generally take 5-7 business / school days to take effect.
- Requests for same-day changes *will not* be honored.
- This form must be completed by the child's primary parent/guardian, except for students in foster care, whose foster care agency can submit on behalf of the parent/guardian and foster parent. Schools cannot create this form on behalf of a parent/guardian the parent/guardian must initiate the request and sign this form.

## To Submit:

- Email to <a href="mailto:BusingExceptions@schools.nyc.gov">BusingExceptions@schools.nyc.gov</a>
- Provide to school, so that the school can email to <a href="mailto-BusingExceptions@schools.nyc.gov">BusingExceptions@schools.nyc.gov</a>
- Fax to (718) 610-3404
- Mail to address listed at top, ATTN: Afterschool Drop-Off Address

| Student ID  | Student First Name         |   | Student Last Name         |                 |
|---|----------------------------|---|---------------------------|-----------------|
| Student Date of Birth (MM-DD-YYYY)  | Parent/Guardian First Name |   | Parent/Guardian Last Name |                 |
| Parent/Guardian Phone #   | Parent/Guardian Email      |   |                           |                 |
| Current School Code (District – Borough – School)   | Current School Name        |   |                           |                 |
| Name of Requested Afterschool Drop-Off Address  |                            |   |                           |                 |
| Address of Requested Afterschool Drop-Off Address   |                            |   | City, Stat                | e, Zip Code     |
| Days of the Week to be Dropped-Off at this Requested Address                              |                            |   |                           |                 |
| Monday Tuesday  | □ Wednesday □              |   | Thursday                  | Friday          |
| Requested Start Date  | Reason for Request         |   |                           |                 |
| Name of the Person Responsible for Meeting the Student at this Location (REQUIRED)        |                            | Title or Relation of the Person Responsible for Meeting the Student at this Location (REQUIRED) |                           |                 |
| Telephone # of the Person Responsible for Meeting the Student at this Location (REQUIRED) |                            |   |                           |                 |
| Signature of Person Responsible for Meeting the Student at this Location (REQUIRED)       |                            |   |                           | Date (REQUIRED) |
| Parent/Guardian Signature (REQUIRED)  |                            |   |                           | Date (REQUIRED) |