

## 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)