



**OFFICE OF PUPIL TRANSPORTATION**  
 44-36 Vernon Boulevard 6<sup>th</sup> Floor  
 Long Island City, N.Y. 11101  
 (718) 392-8855

**APPLICATION for SUMMER TRANSPORTATION for SPECIAL EDUCATION STUDENTS**  
 PLEASE PRINT CLEARLY

STUDENT INFORMATION				
Student ID Number	Date of Birth (mm-dd-yy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*Ambulatory Status	*Handicap Code
	-       -			
Student Name (Last, First, Middle Initial)				
*Special Medical Alerts:				
* See reverse side (pg.2) for instructions and a list of ambulatory, handicap and special medical alert codes.				
ACTION TO BE TAKEN				
<input type="checkbox"/> New Admission	<input type="checkbox"/> Delete Service	<input type="checkbox"/> Change Session Time		
		From:	To:	
<input type="checkbox"/> Change Home Address				
From:		To:		
<input type="checkbox"/> Change School				
From Code:		To Code:		
<input type="checkbox"/> Other Change				
Explain:				

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	
(         )       -	

**Fax completed form to the attention of Rita Parvis at (718) 610-3404 or mail to the above address.**

The Application for Summer Transportation for Special Education Students (OPT-77) is intended for use in the following circumstances:

- It is to be used by **non-public schools** to request door-to-door transportation for the summer for **newly admitted Special Education students**.
- It is to be used by **non-public schools** to request door-to-door transportation for the summer for **continuing Special Education students** who will be **attending a different school for the summer**.
- It is to be used by **public schools** to request door-to-door transportation for Special Education students for whom data was not entered online using SSPR prior to the deadline.

This application form is **not** to be used for **D-75 Citywide** pupils before **July 1**.

Schools should **legibly** and **clearly** complete all the information required on the application and should return it, along with necessary attachments, to OPT as shown below.

Completed applications **MUST** be returned with a copy of the first page of the pupil's IEP attached. This must clearly indicate authorization for summer transportation (that is, on the IEP in the "Summary of Recommendations" area the box marked "yes" following Twelve Month School Year **must** be checked). In addition, a copy of an alternate PM drop form must also be attached if appropriate.

Completed applications should be mailed to the following address:  
 NYC Department of Education  
 Office of Pupil Transportation  
 Att: Rita Parvis  
 44-36 Vernon Boulevard, 6<sup>th</sup> Floor  
 Long Island City, New York 11101

Completed applications may also be faxed to the attention of Rita Parvis at (718) 610-3404.

Ambulatory Status Codes	
<b>G</b>	Could Take General Ed Bus
<b>L</b>	Lift (needs assistance getting on bus, student uses seat)
<b>N</b>	Ambulatory
<b>W</b>	Wheelchair (needs assistance getting on bus, no seat: space for chair)
Handicap Codes	
<b>AU</b>	Autistic
<b>CK</b>	Carry On Kids
<b>DF</b>	Deaf
<b>DFS</b>	Deaf Severely Impaired
<b>DH</b>	Double/Multiple Handicapped
<b>EC</b>	Early Childhood
<b>ED</b>	Day School
<b>EDM</b>	Emotionally Disturbed Mod
<b>EDS</b>	Emotionally Disturbed Ser
<b>HH</b>	Hard of Hearing
<b>LD</b>	Learning Disabilities
<b>LDM</b>	HC30
<b>LDS</b>	Learning Disabilities HS
<b>MH</b>	Multiply Handicapped
<b>MN</b>	Temporarily Disabled
<b>MR</b>	Delayed Learners
<b>MRM</b>	Mentally Retarded Mild
<b>MRS</b>	Mentally Retarded Severe
<b>OH</b>	Orthopedically Handicapped
<b>OI</b>	Orthopedically Handicapped & LD
<b>SI</b>	Speech Impaired
<b>SIS</b>	School Language & Hearing Impaired
<b>SPL</b>	Speech and Language
<b>VI</b>	Visually Impaired
<b>VIS</b>	Multiply Handicapped - BL
<b>XXX</b>	Other
<b>V</b>	Car Seat
<b>TBI</b>	Traumatic Brain Injury
Medical Alert Codes	
<b>1</b>	Limited Travel Time <b>and</b> A/C <b>and</b> Mini-Wagon
<b>3</b>	3 Seats (Large Student and Para)
<b>A</b>	Limited Travel Time
<b>B</b>	Mini-Wagon
<b>C</b>	2 Seats (Para)
<b>D</b>	Dead-End Street
<b>E</b>	Limited Travel Time <b>and</b> Mini-Wagon
<b>F</b>	Limited Travel Time <b>and</b> 2 Seats
<b>G</b>	Mini-Wagon <b>and</b> 2 Seats (Para)
<b>H</b>	Limited Travel Time <b>and</b> 2 Seats (Para) <b>and</b> Mini-Wagon
<b>I</b>	Impartial Hearing Order
<b>J</b>	Limited Travel Time <b>and</b> A/C <b>and</b> Mini-Wagon <b>and</b> Oxygen
<b>K</b>	Limited Travel Time <b>and</b> A/C <b>and</b> Mini-Wagon <b>and</b> 2 Seats (Para)
<b>L</b>	2 Seats (Large Student)
<b>M</b>	Miscellaneous
<b>N</b>	Mini-Wagon <b>and</b> 2 Seats <b>and</b> A/C
<b>O</b>	Operations Request
<b>P</b>	Limited Travel Time <b>and</b> 2 Seats <b>and</b> A/C <b>and</b> Dead-End Street
<b>Q</b>	A/C <b>and</b> 2 Seats
<b>R</b>	Oversized Wheelchair
<b>S</b>	Superstart
<b>T</b>	Climate Control / Air Conditioning (A/C)
<b>U</b>	Mini-Wagon <b>and</b> A/C
<b>V</b>	Needs Car Seat
<b>W</b>	Oversized Vehicle
<b>X</b>	Oxygen Tank Required
<b>Y</b>	Limited Travel Time <b>and</b> A/C
<b>Z</b>	Limited Travel Time <b>and</b> 2 Seats <b>and</b> A/C