



## Short-term/Temporary Busing Request Form

This form should be completed if your child requires transportation as an exception to Office of Pupil Transportation's (OPT) [eligibility rules](#) for a maximum of 60 days because of a temporary medical condition (e.g. post-surgery recovery) or short-term limited mobility (e.g. fractured leg). Please email this form with supporting documentation (e.g. Hospital Admission/Discharge Form, note from the student's health care provider, confirmation note from school) to [504TransportationRequest@schools.nyc.gov](mailto:504TransportationRequest@schools.nyc.gov). Copy your school's 504 Coordinator, or you may ask the 504 Coordinator to submit it on your behalf.

For a long-term or chronic medical condition that affects your child's ability to walk or take public transportation, you must submit completed [504 Accommodation Request Forms](#) (Parent Request Form, HIPAA and Medical Accommodations Request Form) to the school's 504 Coordinator.

|   |   |                     |                    |
|---|---|---------------------|--------------------|
| Student ID (OSIS #):  | School ATSDBN:  | Student First Name: | Student Last Name: |
| Student Date of Birth:  | Student Address:  |                     |                    |
| Date of Diagnosis/Onset:  | Diagnosis/Condition:<br><input type="checkbox"/> Fracture <input type="checkbox"/> Pre/post-surgery<br><br><input type="checkbox"/> Other short-term mobility condition |                     |                    |
| What is the estimated duration of this short-term/temporary condition? (Time from onset of injury)<br><i>If the duration is greater than 60 days, <b>do not</b> complete this form. Follow the instructions above for long-term or chronic conditions (504 Accommodation Request Form).</i> |   |                     |                    |
| How does the short-term/temporary condition affect the student's ability to take public transportation?   |   |                     |                    |
| Please list any equipment (e.g. crutches or wheelchair) that will accompany the student during transit:   |   |                     |                    |
| Requested accommodations to address student's needs during transportation:<br><br><input type="checkbox"/> Stop-to-school <input type="checkbox"/> Curb-to-school <input type="checkbox"/> Wheelchair access <input type="checkbox"/> Lift Bus<br><br><input type="checkbox"/> Other _____  |   |                     |                    |

Name of Parent/Guardian \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_